

Cause No. 067-329194-21

PARENTS FOR	§	IN THE DISTRICT COURT
CROWLEY EDUCATION,	§	
Devyn Claybourn, Daniel Olivas,	§	
Italia De La Cruz, Mysti Shain,	§	
Sara Anderson,	§	
<i>Plaintiffs,</i>	§	
	§	
v.	§	__ JUDICIAL DISTRICT
	§	
CROWLEY INDEP'T SCHOOL DIST.,	§	
Michael D. McFarland, Mia Hall,	§	
Gary Grassia, Nedra Robinson,	§	
Ryan Ray, June W. Davis,	§	
La Tonya Woodson-Mayfield,	§	
<i>Defendants.</i>	§	TARRANT COUNTY, TEXAS

**PLAINTIFFS' ORIGINAL COMPLAINT,
REQUEST FOR DECLARATORY JUDGMENT,
APPLICATION FOR TEMPORARY RESTRAINING ORDER, AND
APPLICATION FOR TEMPORARY AND PERMANENT INJUNCTION**

COME NOW Parents for Crowley Education, Devyn Claybourn and like-minded parents with children who are attending public school in Crowley ISD ("Plaintiffs"), to enjoin Crowley ISD's irrational face-covering rule, adopted in violation of the Texas Open Meetings Act and illegal under GA-38.

Plaintiffs seek immediate restraint and injunctive relief to prevent enforcement of the face-covering rule as enforced by the district, as the District's actions are causing irreparable harm in the form of mental abuse, physical health, and damaging the mission of CISD to actually educate children.

I. DISCOVERY CONTROL PLAN

1. Plaintiffs intend to conduct discovery in this cause under Level 3 of Rule 190 of the Texas Rules of Civil Procedure.

II. RULE 47 STATEMENT OF RELIEF

2. The damages sought herein are within the court's jurisdictional limits.
3. Plaintiffs seek non-monetary relief, and all other relief to which they may show themselves entitled.

III. PARTIES

1. Plaintiff PARENTS FOR CROWLEY EDUCATION is an unincorporated association of parents who reside in Tarrant County and are suing on their own behalf and their minor children who attend schools in Crowley Independent School District ("CWISD" or "District"), identified by name and the initials of their minor children below; all may be contacted through the undersigned.
2. Plaintiff Devyn Claybourn, for herself and minor child M.C.
3. Plaintiff Daniel Olivas on his own behalf and his minor child M.O.
4. Plaintiff Italia De La Cruz on for herself and minor children K.D. and K.D.
5. Plaintiff Mysti Shain for herself and minor children.
6. Plaintiff Sara Anderson for herself and minor children.
7. Defendant Crowley Independent School District ("CISD" or "District") is an independent school district operating in Tarrant County. CISD may be served via

its Superintendent, Michael McFarland. CISD and all other defendants may all be served at 512 Peach Street Crowley, Texas 76036, or wherever they are located.

8. Defendant Dr. Mia Hall, President, Place 3, CISD Board of Trustees.
9. Defendant Gary Grassia, Vice President, Place 6, CISD Board of Trustees.
10. Defendant Nedra Robinson, Secretary, Place 1, CISD Board of Trustees.
11. Defendant Ryan Ray, Board Ass't Sec. Place 5, CISD Board of Trustees.
12. Defendant June W. Davis, Member, Place 4, CISD Board of Trustees.
13. Def't Dr. La Tonya Woodson-Mayfield, Place 2, CISD Board of Trustees.
14. All Defendants who are members of the schoolboard are known collectively as "Schoolboard Defendants" or "Board".

IV. JURISDICTION, VENUE, IMMUNITY

15. This Court has jurisdiction over the subject matter and damages sought.
16. Tarrant County is proper venue under TEX. CIV. PRAC. REM CODE § 15.002 et seq. as the county in which events giving rise to the claim occurred.
17. CISD's Board of Trustees is liable to suit under section 11.151(a) of the Texas Educ. Code.
18. CISD has no government immunity against the claims of this case, in that a claim for declaratory action alleging validity of a government enactment and seeking redress for violations of the Texas Open Meeting Act are both recognized in case and statutory law.

V. FACTUAL BACKGROUND

19. Crowley Independent School District is a public school district serving students in its defined area, and began school this year on August 12, 2021.

20. On July 29, 2021, Governor Greg Abbott (“Abbott”), issued executive order GA-38 which included the prohibition, “No governmental entity, including a county, city, school district, and public health authority, and no governmental official may require any person to wear a face covering or to mandate that another person wear a face covering [other than hospitals and jails]. *See* Exhibit 1.

21. GA-38 also specifically superseded any face-covering requirement imposed by any local government entity or official, and made any such action illegal as a “failure to comply with” GA-38, and made individuals subject to a \$100 fine.

22. Furthermore, on September 17, 2021, The Texas Education Agency guidelines specifically prohibited masking students:

Masks (restatement of pre-August 19th guidance document)

Per GA-38, school systems cannot require students or staff to wear a mask. GA-38 addresses government-mandated face coverings in response to the COVID-19 pandemic. Other authority to require protective equipment, including masks, in an employment setting is not necessarily affected by GA-38.

Exhibit 14.

23. On August 11, 2021, Defendant McFarland posted a video and text instructions, regarding the District’s new mask mandate, stating in relevant part:

Crowley ISD will temporarily require face masks to be worn inside all buildings and on school buses. This order is:

- Effective immediately for all employees.
- Effective beginning the first day of school for students, families and visitors.

Everyone two years of age and older will be required to wear masks for all indoor instruction and indoor activities to help prevent the spread of the COVID-19 Delta variant in our schools and community.

24. Both the video and text statement went on to say:

Superintendent McFarland said he and the Crowley ISD Board of Trustees are responsible for protecting our schools and community, and that this mask requirement has the school board's full support.
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See Exhibit 2.

25. Nothing provided by the District specifies what constitutes a facemask, leaving a reader without an understanding of what kind of material would suffice. One might assume that an N95 mask would suffice, as it has become commonly known as the lowest-end mask, that is even minimally capable of providing an actual filter function. However, no one can read the District's email regarding the requirement and conclude what kind of construction would satisfy the requirement.

26. The requirement as worded is so vaguely stated that a mask made of table tennis netting would satisfy Defendant McFarland's mask edict. However, such a mask requirement would clearly not be to any health advantage, either to the wearer or those around the wearer. Thus, Plaintiffs believe the District's requirement is not rational, but borne from a desire to please political forces.

27. Irrespective of the notice, none of the Schoolboard's minutes record a vote to enforce a mask policy. Defendant McFarland appears to have unilaterally made the decision and issued it *ex cathedra*. However, because the notice states that the Board has given the mask policy its full support, and the only way that such policies are adopted are by a vote of the Board – the notice is an admission that the Board voted in private and reached consensus after a discussion.

28. The policy includes no exemptions based on religion, health, or conscience. Defendants' policy is shocking when one considers that the best – currently available – medical evidence indicates that children have not, and continue not to, play a role in the spread of COVID-19. Children are less likely to be infected with COVID-19, less likely to be symptomatic if infected with COVID-19, and less likely to spread infection of COVID-19, than adults.¹

29. As the Center for Disease Control (“CDC”) stated, it does not appear that children are the primary spreaders of COVID-19 among family members, and research in other countries support the notion that it is not common for students to spread COVID-19 to their teachers.²

30. The evidence to support use of surgical and cloth masks is very weak, to control transmission of COVID-19, among school children.^{3,4}

31. In a self-reporting study that included results from more than 25,000 children, 68% of parents reported irritability, headaches, difficulty concentrating,

¹ Itai Dattner et al., *The role of children in the spread of COVID-19: Using household data from Bnei Brak, Israel, to estimate the relative susceptibility and infectivity of children*, PLOS Computational Biology, February 11, 2021.

<https://journals.plos.org/ploscompbiol/article?id=10.1371/journal.pcbi.1008559> (all links provided in this document were checked on September 21, 2021).

² United States Center for Disease Control, *Science Brief: Transmission of SARS-CoV-2 in K-12 schools*, March 19, 2021 https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html.

³ Xiao J, Shiu EYC, Gao H, et al. Nonpharmaceutical measures for pandemic influenza in nonhealthcare settings —personal protective and environmental measures. *Emerg Infect Dis.* 2020;26(5):967-975. doi:10.3201/eid2605.190994PubMedGoogle ScholarCrossref.

⁴ Matuschek C, Moll F, Fangerau H, et al. Face masks: benefits and risks during the COVID-19 crisis. *Eur J Med Res.* 2020;25(1):32. doi:10.1186/s40001-020-00430-5PubMedGoogle ScholarCrossref.

less happiness, reluctance to go to school/kindergarten, malaise, impaired learning, and drowsiness or fatigue (37%).⁵

A. Federal officials have responded wrongly to COVID-19 at every turn.

32. In spring of 2020, the Food and Drug Administration failed to grant emergency use authorization for COVID-19 testing. Alex Greninger, the assistant director of the virology division at the University of Washington Medical Center, summarized the FDA's testing failure stating, "The speed of this virus versus the speed of the FDA and the EUA process is mismatched..."⁶

33. Meanwhile, Pardis Sabeti, a virologist at the Broad Institute of Harvard and MIT had developed an accurate COVID-19 diagnostic test in mid-January 2020, which he distributed to colleagues in Nigeria, Sierra Leone, and Senegal – all of whom were able to test for COVID-19 before the U.S. – because the FDA and CDC failed to approve it for emergency use.⁷ Sabeti was not alone, dozens of labs in the U.S. were eager to make tests, and willing to test patients. Immunologist and

⁵ Silke Schwarz, Ekkehart Jenetzky, Hanno Krafft et al. Corona Children Studies "Co-Ki": First Results of a Germany-Wide Registry on Mouth and Nose Covering (Mask) in Children, 28 April 2021, PREPRINT (Version 4) available at Research Square [<https://doi.org/10.21203/rs.3.rs-124394/v4>]. See also Exhibits 7, 8.

⁶ Khazan, Olga March 13, 2020, The 4 Key Reasons the U.S. Is So Behind on Coronavirus Testing, The Atlantic <https://www.theatlantic.com/health/archive/2020/03/why-coronavirus-testing-us-so-delayed/607954/>.

⁷ Young, Ed The Atlantic September 2020, How the Pandemic Defeated America <https://www.theatlantic.com/magazine/archive/2020/09/coronavirus-american-failure/614191/>.

infectious disease expert, Dr. Helen Chu, had her successful Seattle-based testing shut down by the FDA.⁸

34. Simultaneously, in Spring of 2020, federal public health authorities strongly discouraged mask use. U.S. Surgeon General Jerome Adams stated, "Seriously people- STOP BUYING MASKS! They are NOT effective in preventing general public from catching Coronavirus, but if healthcare providers can't get them to care for sick patients, it puts them and our communities at risk!" He went on to state that the CDC, World Health Organization, and a *New England Journal of Medicine* article, served as the basis of his guidance.⁹ The National Academies of Science, Engineering, and Medicine, was more candid in its review of mask efficacy in April 2020, admitting that "there are no studies of individuals wearing homemade fabric masks in the course of their typical activities", and "the current level of benefit, if any, is not possible to assess."¹⁰

35. This guidance was largely informed by the failure to replace the 100 million respirators and masks, in the Strategic National Stockpile, after the 2009 flu

⁸ Khazan, Olga March 13, 2020, The 4 Key Reasons the U.S. Is So Behind on Coronavirus Testing, The Atlantic <https://www.theatlantic.com/health/archive/2020/03/why-coronavirus-testing-us-so-delayed/607954/>.

⁹ Allasan, Fadel Axios July 12, 2020 Surgeon general defends reversal on face mask policy <https://www.axios.com/surgeon-general-reversal-face-mask-d385e2d5-42b7-433e-89a6-3584f3e61bf3.html>.

¹⁰ National Academy of Sciences, Engineering, and Medicine, Rapid Expert Consultation on the Effectiveness of Fabric Masks for the COVID-19 Pandemic (April 8, 2020) <https://www.nap.edu/read/25776/chapter/1>.

pandemic. A mere 13 million respirators remained in the reserve for distribution to medical personnel.¹¹

36. The COVID-19 test distributed by the CDC, was known to have an unacceptably high error rate of 33%, by February 6, 2020.¹² Nevertheless, the CDC distributed the flawed test.

37. Consequently, states were forced to fill the breach left by the CDC and FDA, although state efforts largely failed. Indeed, in Maryland, in 2020, Governor Larry Hogan boasted that his state would trace the virus through 10,000 contacts daily. In comparison, the Congo, an active warzone with a quarter of Maryland's wealth, managed to contact trace twice as many people when it was fighting Ebola.¹³

38. Indeed, in February and March of 2020, Dr Anthony Fauci, Director of the National Institute of allergy and Infectious Diseases and the Chief Medical Advisor to the President, along with the CDC, also advised the public not to wear masks.¹⁴

39. On April 3, 2020, that guidance changed and the evolution of a Procrustean approach to COVID-19 mitigation began.¹⁵

¹¹ Young, Ed The Atlantic September 2020, How the Pandemic Defeated America <https://www.theatlantic.com/magazine/archive/2020/09/coronavirus-american-failure/614191/>.

¹² Temple-Raston, Dina, NPR November 6, 2020, CDC Report: Officials Knew Coronavirus Test Was Flawed But Released It Anyway, <https://www.npr.org/2020/11/06/929078678/cdc-report-officials-knew-coronavirus-test-was-flawed-but-released-it-anyway>.

¹³ Young, Ed The Atlantic September 2020, How the Pandemic Defeated America <https://www.theatlantic.com/magazine/archive/2020/09/coronavirus-american-failure/614191/>.

¹⁴ Yan, Holly CNN July 20, 2020 Top health officials have changed their minds about face mask guidance – but for good reason.

40. This suit takes no position of the propriety of masking adults; but it seeks to highlight the failures to the U.S. public health bureaucracy in responding to, and communicating about, the COVID-19 crisis.

41. Further compounding the U.S. response to the pandemic, the U.S. Department of Health and Human Services paused nursing-home inspections in March and punted responsibility to the states even though a Seattle nursing home was one of the first COVID-19 hotspots and the elderly are prime targets for COVID.¹⁶

42. Over the course of the pandemic, the public health bureaucracy has continued to falter. Dr. Fauci has been forced to admit that his long-cited estimate of 60% to 70% (as the level of COVID infection/vaccination to achieve herd immunity), was lower than the 75%-85% threshold that he believed was necessary. He admitted in December of 2020, that “his gut feeling” is that “the country is finally ready to hear what he really thinks”, after moving the goal posts.¹⁷

43. In March of 2021, former CDC Chief Robert Redfield shook the foundation of the public health establishment and media, when commenting on the Wuhan lab

¹⁵ Center for Disease Control and Prevention Coronavirus Disease 2019 (COVID-19) How to Protect Yourself & Others Web Archive:
<https://web.archive.org/web/20200404002655/https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

¹⁶ Young, Ed The Atlantic September 2020, How the Pandemic Defeated America
<https://www.theatlantic.com/magazine/archive/2020/09/coronavirus-american-failure/614191/>.

¹⁷ Allen, Mike Axios December 25, 2020 NYT: Fauci Acknowledges moving goalposts on herd immunity from COVID-19 <https://www.axios.com/fauci-goalposts-herd-immunity-c83c7500-d8f9-4960-a334-06cc03d9a220.html>

leak theory; he concluded, “I am of the point of view that I still think the most likely etiology of this pathogen in Wuhan was from a laboratory, you know, escaped.” Redfield’s admission upset the prior federal health bureaucracy contrary consensus and sparked a cascade of additional repudiation of the prior consensus.¹⁸

44. After denouncing it for months, and during multiple congressional hearings in sworn testimony before Congress, Dr. Fauci now concedes the possibility of the lab leak theory.¹⁹

45. In April 2021, the CDC published COVID-19 guidelines for children attending summer camps.²⁰ The guidance applies to children over the age of two:

- wear face masks at all times including during outdoor activities;
- Campers should be placed in cohorts and restricted to interaction with other people inside their assigned cohort;
- Maintain three feet of distance between campers of the same cohort;
- Maintain six feet of distance between campers of different cohorts;
- Maintain six feet of distance from camp staff at all times;
- Distance should be maintained when eating, napping, or riding the bus;
- All close-contact sports and indoor sports should be prohibited, and that all campers should be masked during sports.

¹⁸ Eban, Katherine Vanity Fair June 2, 2021 The Lab-Leak Theory: Inside the Fight to Uncover COVID-19’s Orgins <https://www.vanityfair.com/news/2021/06/the-lab-leak-theory-inside-the-fight-to-uncover-covid-19s-origins>

¹⁹ McLaughlin, Kelly and Aylin Woodward Business Insider June 3rd, 2021

²⁰ Centers for Disease Control and Prevention May 28, 2021, Guidance for Operating Youth Camps <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

46. Dimitri Christakis, an epidemiologist and editor-in-chief of *JAMA Pediatrics* – the leading journal for pediatric medicine – described the guidance as “unfairly draconian”, and that “keeping children masked for activities like baseball and tennis is ridiculous.”²¹ He went on to say,

“We’ve consistently deprioritized the essential needs of human childhood. Keeping kids out of school, enforcing social distance on them.” We have to learn to tolerate some level of risk, he said. It’s clear that children’s well-being is not the priority in these guidelines, we have to try as best we can to give children their lives back.”

47. Mark Gorelik, a pediatric immunologist at Columbia University, wrote in response to the CDC’s summer camp guidance,

We know that the risk of outdoor infection is very low. We know risks of children becoming seriously ill or even ill at all is vanishingly small. And most of the vulnerable population is already vaccinated. I am supportive of effective measures to restrain the spread of illness. However, the CDC's recommendations cross the line into excess and are, frankly, senseless. Children cannot be running around outside in 90-degree weather wearing a mask. Period.”²²

48. Dr. Gorelik concluded, “Irrational recommendations will do no good, could in this case do harm, and really discredit federal agencies.”

²¹ Zweig, David New York Magazine Intelligencer May 4, 2021 Experts: CDC’s Summer-Camp Rules Are ‘Cruel’ and ‘Irrational’ https://nymag.com/intelligencer/amp/2021/05/experts-cdcs-summer-camp-rules-are-cruel-irrational.html?__twitter_impression=true

²² *Id.*

49. Allison Baker, child and adolescent psychiatrist at Harvard Medical School, noted that the guidelines are “not realistic and can’t be enforced systematically. Kids will find a way to get their needs met.”²³

50. Three days after the CDC issued its camp guidelines, CDC director Walensky stated that “less than 10 percent of documented transmission, in many studies, have occurred outdoors.”²⁴ Walensky doubled down on her claim in a Senate hearing on May 11, reiterating that 10% of COVID-19 cases are transmitted outdoors; misidentified the article as a meta-analysis, rather than a systematic review; and falsely claimed that it included 19 studies, when it only covered five, only three of which generated data on outdoor transmission.²⁵

51. Walensky’s misrepresentations were so egregious that they prompted the pediatrician and epidemiologist, Nooshin Razani (who coauthored the study), to publicly correct Walensky and restate her conclusion to assert that outdoor COVID-19 transmission is “probably substantially less than 1 percent.”²⁶

²³ *Id.*

²⁴ Press Briefing by White House COVID-19 Response Team and Public Health Officials April, 27, 2021 <https://www.whitehouse.gov/briefing-room/press-briefings/2021/04/27/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-32/>.

²⁵ U.S. Senate Committee on Health, Education Labour & Pensions May 11, 2021 An Update from Federal Officials on Efforts to Combat COVID-19. <https://www.help.senate.gov/hearings/an-update-from-federal-officials-on-efforts-to-combat-covid-19>.

²⁶ Leonhardt, David, New York Times May 26, 2021, A New C.D.C. Story <https://www.nytimes.com/2021/05/26/briefing/CDC-outdoor-covid-risks-guidelines.html>.

52. Walensky's communication failures have prompted criticism from Kavita Patel, health policy director during the Obama administration, who noted that "the CDC's credibility is eroding."²⁷

53. In May of 2021, the CDC announced that it would not collect comprehensive data on "breakthrough" infections among vaccinated people, leading to a firestorm of criticism in the public health community.²⁸

54. Commenting on that decision, Adriane Casalotti, Chief of Public and Gov't Affairs at the National Asso. of County and City Health Officials, wrote:

"Given what we know about Delta now — and more what we don't know about Delta — having a fuller picture of breakthrough cases no matter what the level of symptoms is important to be able to decide what rules and mitigation strategies you need to put in place in your community."²⁹

55. Rick Bright, the Senior Vice President of Pandemic Prevention and Response at the Rockefeller Foundation, who led the Biomedical Advanced Research and Development Authority, critiqued the CDC's decision, writing, "Tracking a full range of breakthrough viruses is the only way to understand where

²⁷ CNBC Transcript: CDC Director Dr. Rochelle Walensky on CNBC's "The News with Shepard Smith" Tonight May 12, 2021 <https://www.cnbc.com/2021/05/12/cnbc-transcript-cdc-director-dr-rochelle-walensky-on-cnbc-the-news-with-shepard-smith-tonight.html>.

²⁸ Rouben, Rachel and David Lim Politico July, 30, 2021

<https://www.politico.com/news/2021/07/30/pressure-cdc-breakthrough-cases-501821>.

²⁹ *Id.*

the next variants may appear, where mutations are happening, and to finally get ahead of the virus and end the pandemic everywhere for everyone.”³⁰

56. Bright continued, “That’s why CDC’s decision to focus on only some of these viruses from vaccine breakthrough cases is extremely worrisome.”³¹

57. On July 30, 2021, shortly after publication in the CDC’s Morbidity and Mortality Weekly Report, a CDC study on breakthrough infections, CDC Director Rochelle Walensky, told CNN’s John Berman that, “[e]very 20 vaccinated people, one or two of them could get a breakthrough infection.”³²

58. Director Walensky’s statement contradicted the CDC’s own estimate, that vaccination reduced the risk of infection between 86 and 99 percent.

59. One U.S. study of Pfizer and Moderna vaccines, indicates an 89% efficacy of those vaccines.³³ That statement implies that 5-10% of vaccinated people will catch COVID-19.³⁴

³⁰ *Id.*

³¹ *Id.*

³² Sullum, Jacob, Reason Magazine July, 30, 2021, The Provincetown Outbreak Shows Vaccinated People Can Be Infected by the Coronavirus, but the CDC’s Director Grossly Exaggerates That Risk <https://reason.com/2021/07/30/the-provincetown-outbreak-shows-vaccinated-people-can-be-infected-by-the-coronavirus-but-the-cdcs-director-grossly-exaggerates-that-risk/>.

³³ FDA-authorized COVID-19 vaccines are effective per real-world evidence synthesized across a multi-state health system Colin Pawlowski, Patrick Lenehan, Arjun Puranik, Vineet Agarwal, AJ Venkatakrishnan, Michiel J.M. Niesen, John C. O’Horo, Andrew D. Badley, John Halamka, Venky Soundararajan. medRxiv 2021.02.15.21251623; doi: <https://doi.org/10.1101/2021.02.15.21251623>.

³⁴ Sullum, Jacob, Reason Magazine July, 30, 2021, The Provincetown Outbreak Shows Vaccinated People Can Be Infected by the Coronavirus, but the CDC’s Director Grossly Exaggerates That Risk.

60. Another study of health care workers, indicated a vaccine effectiveness rate of 97%.³⁵

61. In sum, Director Walensky seems unable to accurately communicate the CDC's own findings to the public.

62. Compounding the CDC's comedy of errors, an internal CDC document on breakthrough infections – released by the Washington Post – recently claimed that the delta variant is as contagious as chicken pox.³⁶

63. Tom Wenseleers, an evolutionary biologist and biostatistician at the University of Leuven in Belgium, pointed out that the CDC's comparison to chicken pox is inaccurate.³⁷ The CDC's erroneous comparison was based on an infographic, taken from a *New York Times* news story, and not any studies or evidence.³⁸

³⁵ Thompson MG, Burgess JL, Naleway AL, et al. Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:495–500, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e3.htm>.

³⁶ Washington Post July 30, 2021, Read: Internal CDC document on breakthrough infections, https://www.washingtonpost.com/context/cdc-breakthrough-infections/94390e3a-5e45-44a5-ac40-2744e4e25f2e/?_=1

³⁷ Doucleff, Michaleleen, NPR August 11, 2021, The Delta Variant Isn't As Contagious As Chickenpox. But it's Still Highly Contagious, <https://www.npr.org/sections/goatsandsoda/2021/08/11/1026190062/covid-delta-variant-transmission-cdc-chickenpox>.

³⁸ Brown, Elizabeth Nolan, Reason Magazine August 12, 2021 CDC Took Mistaken Data on Delta Variant Transmissibility From a *New York Times* Infographic, <https://reason.com/2021/08/12/cdc-took-mistaken-data-on-delta-variant-transmissibility-from-a-new-york-times-infographic/>.

B. The Cost of Masking Children

64. Unfortunately, 90% of immunologists, infectious-disease researchers, and virologists working on the coronavirus believe that COVID-19 will become endemic and circulate in pockets of the globe for the foreseeable future.³⁹ That reality requires facing the fact that the public health response, and precedents we set now, are likely to control and effect the fate of children for years to come.

65. Defendants assume that no substantial costs result from mask requirements. However, compelling data suggests that Defendants' Pollyanna view of masking children borders on the Panglossian, as evidence mounts that school mask policies entail serious long-term consequences for vulnerable students' futures.

66. In developing mask policies, decision-makers face four obvious questions in assessing the weight of evidence, in favor of masking children:

- a. First, is there a medical consensus on the propriety of masking children?
- b. Second, how transmissible is COVID-19 among students?
- c. Third, how transmissible is COVID-19 between students and teachers?
- d. Fourth, how dangerous is COVID-19 to children?

³⁹ Phillips, Nicky, Nature, 16, February 2021, The coronavirus is here to stay – here's what that means; <https://www.nature.com/articles/d41586-021-00396-2>.

C. The Global Medical Consensus militates against masking children

67. On July 9, 2021, the CDC updated its guidance for schools, recommending that all individuals (older than two), wear masks indoors if not fully vaccinated.⁴⁰

68. On July 19, 2021, the American Academy of Pediatrics, upped the ante and recommended that anyone over the age of two should wear a mask in school, vaccination notwithstanding.⁴¹

69. The CDC promptly amended its guidelines and endorsed the AAP's recommendation that children should be masked regardless of vaccination status.⁴²

70. Far from enshrining a scientifically based medical consensus, the CDC and AAP guidance is wildly out of step with the international medical community.

71. David Zweig, writing in New York Magazine, reports:

Many of America's peer nations around the world — including the U.K., Ireland, all of Scandinavia, France, the Netherlands, Switzerland, and Italy — have exempted kids, with varying age cutoffs, from wearing masks in classrooms. Conspicuously, there's no evidence of more outbreaks in schools in those countries relative to schools in the U.S., where the solid majority of kids wore masks for an entire academic year and will continue to do so for the foreseeable future. These countries, along with the World Health Organization,

⁴⁰ Centers for Disease Control and Prevention, July 9, 2021, Updated August 5th, 2021, Guidance for COVID-19 Prevention in K-12 Schools; <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>.

⁴¹ American Academy of Pediatrics, News Release: American Academy of Pediatrics Updates Recommendations for Opening Schools in Fall 2021; <https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-updates-recommendations-for-opening-schools-in-fall-2021/>.

⁴² Centers for Disease Control and Prevention, July 9, 2021, Updated August 5th, 2021, Guidance for COVID-19 Prevention in K-12 Schools; <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>.

whose child-masking guidance differs substantially from the CDC's recommendations, have explicitly recognized that the decision to mask students carries with it potential academic and social harms for children and may lack a clear benefit.⁴³

72. Compounding the dubious nature of the CDC/AAP guidance, both institutions have refused to release the scientific basis and cost benefit analysis for their recommendations that children be masked.⁴⁴

73. The CDC/AAP's guidance, coupled with their refusal to release the basis for their guidance, provoked a blistering response from the nation's medical community.

74. Elissa Schechter-Perkins, the director of Emergency Medicine Infectious Disease Management at Boston Medical Center, commenting on the CDC/AAP guidance, stated:

A year ago, I said, 'Masks are not the end of the world; why not just wear a mask? But the world has changed, there are real downsides to masking children for this long, with no known end date, and without any clear upside. I'm not aware of any studies that show conclusively that kids wearing masks in schools has any effect on their own morbidity or mortality or on the hospitalization or death rate in the community around them.'⁴⁵

⁴³ Zweig, David, New York Magazine, The Intelligencer, Aug 20, 2021 The Science of Masking Kids at School Remains Uncertain; <https://nymag.com/intelligencer/2021/08/the-science-of-masking-kids-at-school-remains-uncertain.html>.

⁴⁴ *Id.*

⁴⁵ *Id.*

75. Schechter-Perkins went on to say,

I don't think that Delta changes the calculus because it still seems clear that it doesn't cause more severe disease, so it still doesn't change the fundamental question of 'What are we trying to achieve by masking kids when they are still extremely unlikely to suffer from severe illness or death if infected?' And the adults in their lives have the opportunity to be vaccinated and also protected so we don't need to worry about transmission.⁴⁶

76. Dr. Jeffrey Flier, former dean of Harvard Medical School, commented, "We lack credible evidence for benefits of masking kids aged 2 to 5, despite what the American Academy of Pediatrics says."⁴⁷

77. Dr. Vinay Prasad, Associate Professor in the department of Epidemiology and Biostatistics at the University of California San Francisco, indicted the CDC's child mask guidance saying, "...mechanistic studies are incapable of anticipating and tallying the effects that emerge when real people are asked to do real things in the real worlds ...". He went on to comment, "The CDC cannot 'follow the science' because there is no relevant science."⁴⁸

78. Complicating the CDC/AAP's guidance, is the failure of either entity to outline plausible conditions, under which unmasking students would be appropriate. CDC Director Rochelle Walensky, stated, "[i]f our children are vaccinated, we have full vaccination in schools, we have full vaccination in teachers, we have disease rates that are low — I think then we can start thinking about how we can loosen up." Given that

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.*

vaccine compliance in the U.S. is not 100% and never will be, Director Walensky seems to indicate that the CDC is comfortable masking children for years on end.

D. COVID-19 does not spread rapidly among children.

79. Answers to these questions are available thanks to teachers and school administrators across the nation, working with the Nat'l Association of Elementary Schools and the Nat'l Association of Secondary School Principals and data scientists at the technology company Qualtrics who have assessed the impact of COVID-19 and public policy responses to children in school environments.⁴⁹

80. Economics Professor Emily Oster⁵⁰ at Brown University's Watson Institute, leads Qualtrics' National COVID-19 School Response Dashboard. In that position, she oversees the data collection regarding school children and COVID-19 infection, and helps ensure accurate transmission of reliable data to the public.

81. Writing for the Atlantic in October, Professor Oster summarized the Project's findings during the height of the September second wave last year:

Our data on almost 200,000 kids in 47 states from the last two weeks of September revealed an infection rate of 0.13 percent among students and 0.24 percent among staff. That's about 1.3 infections over two weeks in a school of 1,000 kids, or 2.2 infections over two

⁴⁹ National Covid-19 School Response Dashboard (Apr. 27, 2021 12:01 PM), https://statsiq.co1.qualtrics.com/public-dashboard/v0/dashboard/5f78e5d4de521a001036f78e#/dashboard/5f78e5d4de521a001036f78e?pageId=Page_f6071bf7-7db4-4a61-942f-ade4cce464de.

⁵⁰ Emily Oster, Watson Institute International & Public Affairs (April 27, 2021 1:08 PM), <https://watson.brown.edu/people/faculty/oster>.

weeks in a group of 1,000 staff. Even in high-risk areas of the country, the student rates were well under half a percent.⁵¹

82. Oster then opined on the experience of Texas and its corroboration of Qualtrics' findings, writing:

School-based data from other sources show similarly low rates. Texas reported 1,490 cases among students for the week ending on September 27, with 1,080,317 students estimated at school—a rate of about 0.14 percent. The staff rate was lower, about 0.10 percent.⁵²

83. Professor Oster has revised her assessment in light of the challenge posed by the novel delta variant, that gained dominance in the United Kingdom, and now is the dominant strain of COVID-19 in the United States.

84. She notes that, although the delta variant is about twice as infectious as the alpha variant, the data does not suggest a relatively greater degree of infectiousness for kids. In other words, children are not more susceptible to delta.⁵³

85. Professor Oster went on to note that in the most relevant age group (children aged two to eleven), the infection rates are low and flat, even though there has been unmasked in-person school during the period of the U.K.'s data collection.⁵⁴

⁵¹ Emily Oster, *Schools Aren't Super-Spreaders*, The Atlantic (October 9, 2020), <https://www.theatlantic.com/ideas/archive/2020/10/schools-arent-superspreaders/616669/>.

⁵² *Id.*

⁵³ Emily Oster, *Kids and the Delta Variant: Should you Act Differently?*, (July 12, 2021), <https://emilyoster.substack.com/p/kids-and-the-delta-variant-should>.

⁵⁴ *Id.*

86. Given the differences in child and adult physiology, this outcome is not surprising. David Zweig, writing in New York Magazine reports,

While masks offer some protection for adults in many environments, as the adage in pediatrics goes, children are not little adults. Medicine is littered with examples of adult interventions that don't translate to children. For many years, kids were given certain migraine medications based on adult studies. It wasn't until 2017, when a trial *with a control group* found that kids on this medication did no better than placebo, that the practice was stopped. A difference between the effectiveness of requiring masks on children in schools and adults in other environments would not be a surprising finding.⁵⁵

E. Student-to-Teacher transmission of COVID-19 is rare

87. The CDC's own studies demonstrate that student-staff transmission is rare.

Evidence from studies primarily done before vaccine approval for those 12 years of age and older suggests that staff-to-staff transmission is more common than transmission from students to staff, staff to student, or student to student.

For example, in the large UK study, most outbreak cases were associated with an index case (initial case) in a staff member. Therefore, school interventions should include prevention strategies to reduce the transmission potential of staff members. Detection of cases in schools does not necessarily mean that transmission occurred in schools.⁵⁶

88. International data further verifies that student-to-teacher COVID-19 transmission is rare. Martin Kulldorff, professor at Harvard Medical School,

⁵⁵ Zweig, David, New York Magazine, The Intelligencer, Aug 20, 2021 The Science of Masking Kids at School Remains Uncertain <https://nymag.com/intelligencer/2021/08/the-science-of-masking-kids-at-school-remains-uncertain.html>.

⁵⁶ Centers for Disease Control and Prevention, July 9, 2021, Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html.

summarized the findings of the Swedish Public Health Agency, “[they] found that teachers had the same risk of COVID as the average of other professions.” The observation made by those studying this issue note that the rate of infection among teachers in Sweden, with most schools open was no greater to Finland, where schools *were closed*.⁵⁷

89. Additionally, the risk of COVID-19 transmission and resulting negative impacts from students to teachers is now mostly voluntary because teachers can receive COVID-19 vaccines.

90. An Associated Press analysis of available government data from May, shows that ‘breakthrough’ infections in fully vaccinated people, accounted for fewer than 1,200 of the more than 107,000 – COVID-19 hospitalizations, or about 1.1%.⁵⁸

91. Richard Hanania summarized the case against student mask mandates: “Here we have a situation where a disease 1) Spares children; 2) Spares those who behave responsibly; and 3) Therefore has a burden that falls almost exclusively on those who behave irresponsibly.”⁵⁹

92. In sum, requiring students to suffer, to assuage teachers’ fears and provide minimal protection to teachers is bad public policy, and immoral.

⁵⁷ Alec MacGillis, *The Students Left Behind by Remote Learning*, ProPublica (September 28, 2020), <https://www.propublica.org/article/the-students-left-behind-by-remote-learning>.

⁵⁸ Johnson, Carla K., and Mike Stobbe, Associated Press, Nearly all COVID deaths in US are now among unvaccinated, June 29, 2021 <https://apnews.com/article/coronavirus-pandemic-health-941fcf43d9731c76c16e7354f5d5e187>.

⁵⁹ Hanania, Richard, Richard Hanania’s Newsletter, July 30, 2021, Are COVID Restrictions the New TSA? <https://richardhanania.substack.com/p/are-covid-restrictions-the-new-tsa>.

F. The delta variant poses a negligible risk to children.

93. Regarding the third question, asking about the danger posed to children by COVID-19, the CDC confirms that “[m]ost children with COVID-19 have mild symptoms or have no symptoms at all.”⁶⁰ Specifically, the American Academy of Pediatrics notes that by the end of 2020 more than 2 million children had been diagnosed with COVID-19, and 172 had died, for a case-to-fatality rate of 0.001%.⁶¹ By contrast, the CDC reports that last year’s notoriously mild flu season resulted in 188 confirmed child fatalities, with the CDC’s estimate of actual child fatalities at closure to 600.⁶²

94. As Professor Oster points out, serious infection or death among children from the Delta variant, is extremely low.⁶³

95. Further, COVID-19’s child fatality rate is tame, compared to the Spanish flue of 1918, which had a child fatality rate (in the 5-14 age group) of .0015.⁶⁴

⁶⁰ *COVID-19 in Children and Teens*, Centers for Disease Control (Apr. 27, 2021 11:06 AM), <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/symptoms.html>.

⁶¹ *Children and COVID-19: State-Level Data Report*, American Academy of Pediatrics (Apr. 27, 2021 11:07 AM), <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>.

⁶² *2019-20 Season’s Pediatric Flu Deaths Tie High Mark Set During 2017-18 Season*, Centers for Disease Control and the Nat’l Center for Immunization and Respiratory Disease (Aug. 21, 2020), <https://www.cdc.gov/flu/spotlights/2019-2020/2019-20-pediatric-flu-deaths.htm#:~:text=While%20any%20death%20in%20a,number%20was%20closer%20to%20600.>

⁶³ Emily Oster, *Kids and the Delta Variant: Should you Act Differently?*, (July 12, 2021), <https://emilyoster.substack.com/p/kids-and-the-delta-variant-should>.

⁶⁴ Luk, J., Gross, P., Thompson, W., (2001) Observations on Mortality during the 1918 Influenza Pandemic, *Clinical Infectious Diseases*, Vol 33, Issue 8, p. 1371-1378 <https://academic.oup.com/cid/article/33/8/1375/347461>.

96. Compared to recent flu seasons, and the infamous Spanish flu of 1918, children's COVID-19 susceptibility and worst-case scenario outcomes are mild.

97. Heidi Ledford summarized three preprint studies, examining the impact of the delta variant on children, in the United Kingdom.⁶⁵ The data indicates that, of the twelve million people under eighteen in the United Kingdom, only 25 died from Covid-19. Ledford writes,

Of 3,105 deaths from all causes among the 12 million or so people under 18 in England between March 2020 and February 2021, 25 were attributable to COVID-19 — a rate of about 2 for every million people in this age range. None had asthma or type-1 diabetes, the authors note, and about half had conditions that put them at a higher risk than healthy children of dying from any cause.

98. In spite of the negligible rate of childhood fatalities due to COVID-19, public health bureaucrats continue to overstate the risk. For example, in an interview on Fox News Sunday, on August 15, 2021, Dr. Francis Collins, Director of the National Institutes of Health stated, “more than 400 children have died of Covid-19”. He went on to say, “[s]o anybody who tries to tell you, well, don’t worry about the kids, the virus won’t really bother them, that’s not the evidence. And especially with delta being so contagious, kids are very seriously at risk.”⁶⁶

⁶⁵ Ledford, Heidi, Nature Magazine, Deaths from COVID ‘incredibly rare’ among children, 15 July 2021, <https://www.nature.com/articles/d41586-021-01897-w>.

⁶⁶ ‘Fox News Sunday’ on August 15, 2021 <https://www.foxnews.com/transcript/fox-news-sunday-on-august-15-2021>.

99. In response to Dr. Collins, Professor Donald J. Boudreaux, Professor of Economics at George Mason University, noted that Collins failed to contextualize the numbers and “observe that 400 children deaths from Covid is a paltry 0.76 percent of the total number of children deaths in America (52,672) over the same time period...” By way of comparison, “over this same time period, the number of children in America whose deaths are classified as ‘involving pneumonia’ is 859 – that is more than double the number, whose deaths are classified as ‘involving Covid-19’”.⁶⁷ In response to Dr. Collins observation, Dr. David R. Henderson, professor of economics at the Naval Postgraduate School, noted that “[i]t’s shocking for a leading health professional, for whom data should be his bread and butter, to stir fear where little is justified.”⁶⁸

100. In sum, based on the most recent available data, the odds of a British child dying from COVID-19 were effectively zero.

101. Furthermore, concerns about pediatric Long-COVID, are unsupported by the existing data. A British study published in the lancet, found that “almost all children had symptom resolution by eight weeks.”⁶⁹ Of the small sample of children

⁶⁷ Boudreaux, Don Café Hayek, August 16, 2021 An Open Letter to Dr. Francis Collins <https://cafehayek.com/2021/08/an-open-letter-to-dr-francis-collins.html>.

⁶⁸ Henderson, David, The Library of Economics and Liberty August 17, 2021 <https://www.econlib.org/nih-heads-shocking-innumeracy/>.

⁶⁹ Molteni E, Sudre CH, Canas LS, Bhopal SS, Hughes RC, Antonelli M, Murray B, Kläser K, Kerfoot E, Chen L, Deng J, Hu C, Selvachandran S, Read K, Capdevila Pujol J, Hammers A, Spector TD, Ourselin S, Steves CJ, Modat M, Absoud M, Duncan EL. Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2. *Lancet Child*

with long-term symptoms – most were vague and common – such as fatigue and headaches, which were equally likely to exist among children who tested negative for COVID-19.

102. Likewise, a study of German adolescents, found “no statistical difference comparing the reported symptoms between seropositive students and seronegative students.”⁷⁰

103. Dr. Lloyd Fisher, president of the Massachusetts chapter of the American Academy of Pediatrics, although not disagreeing with the AAP’s stance, conceded that, “[m]ask-wearing among children is generally considered a low-risk mitigation strategy; however, the negatives are not zero, especially for young children.”⁷¹ He goes on to concede, “[i]t is important for children to see facial expressions of their peers and the adults around them in order to learn social cues and understand how to read emotions.”⁷²

Adolesc Health. 2021 Aug 3:S2352-4642(21)00198-X. doi: 10.1016/S2352-4642(21)00198-X. Epub ahead of print. PMID: 34358472.

⁷⁰ Mental Health of Adolescents in the Pandemic: Long-COVID19 or Long-Pandemic Syndrome? Judith Blankenburg, Magdalena K. Wekenborg, Jörg Reichert, Carolin Kirsten, Elisabeth Kahre, Luise Haag, Leonie Schumm, Paula Czyborra, Reinhard Berner, Jakob P. Armann medRxiv 2021.05.11.21257037; doi: <https://doi.org/10.1101/2021.05.11.21257037>.

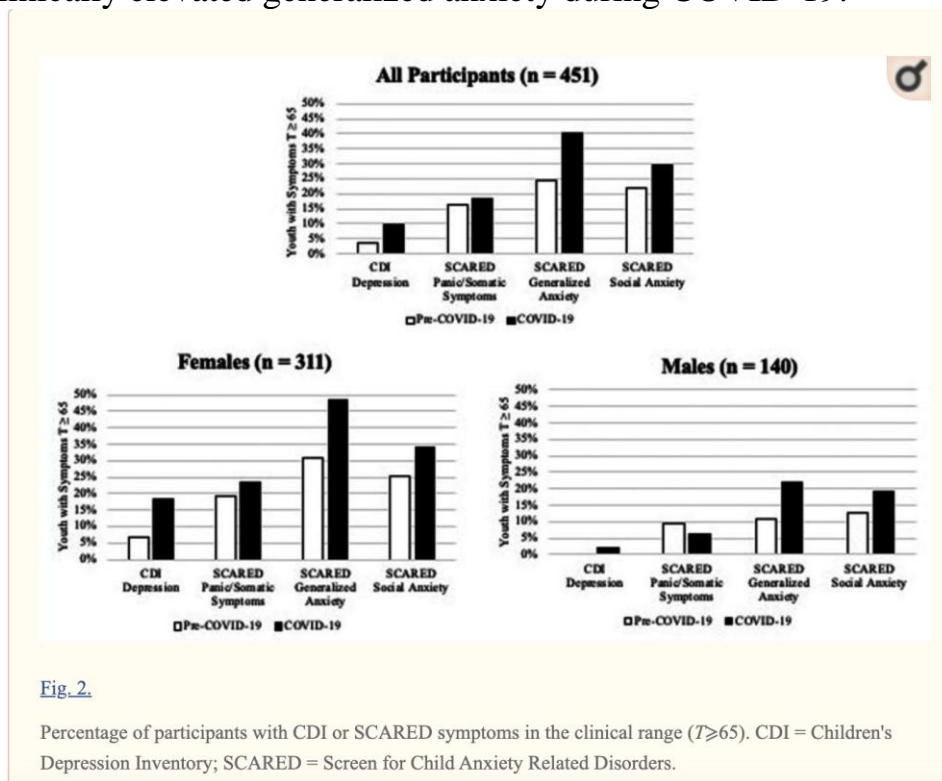
⁷¹ Zweig, David, New York Magazine, The Intelligencer, Aug 20, 2021 The Science of Masking Kids at School Remains Uncertain <https://nymag.com/intelligencer/2021/08/the-science-of-masking-kids-at-school-remains-uncertain.html>.

⁷² *Id.*

G. Our response to COVID-19 is damaging childhood mental health.

104. One recent study found that clinically elevated depression, panic attacks, generalized anxiety, and social anxiety, were all up dramatically due to the pandemic, and that female children were particularly at risk⁷³. The study found:

Figure 2 displays the percentage of participants with CDI or SCARED symptoms in the clinical range. The percentage of participants with clinically elevated depression, panic/somatic symptoms, generalized anxiety and social anxiety symptoms during COVID-19 was 10.4%, 18.2%, 40.4%, and 29.5%, respectively. In female participants, there was a nearly three-fold increase in rates of clinically elevated depression from pre-COVID-19 to COVID-19 and nearly half (49%) experienced clinically elevated generalized anxiety during COVID-19.



⁷³ Mental Health of Adolescents in the Pandemic: Long-COVID19 or Long-Pandemic Syndrome? Judith Blankenburg, Magdalena K. Wekenborg, Jörg Reichert, Carolin Kirsten, Elisabeth Kahre, Luise Haag, Leonie Schumm, Paula Czyborra, Reinhard Berner, Jakob P. Armann; <https://www.medrxiv.org/content/10.1101/2021.05.11.21257037v1>.

105. In spite of all these allegations regarding mask matters, the question is not one of: whether one side or the other has the stronger argument, on whether a person should generally wear a mask – or even whether masks work – but whether an independent school district can ignore all other matters, and a cost-benefit discussion, and proceed with a militant mask enforcement policy – in a way it does not, in any other issue. For example, the CISD has a robust football program, irrespective of the reality that young men are hurt every year, all over the country. CISD cannot claim the tired, “if it saves one life”, only when it fits an ideology.

VI. ATTACHED EVIDENCE & IRREPARABLE HARM

106. The declarations of Devyn Claybourn and other members of Parents for Crowley Education are attached as exhibits; each is a parent of minor children in the District who objects to the mandatory face-covering rule and have experienced negative events due to the CISD mask rule.

107. Exhibit 9 is the Declaration of Dr. Peter A. McCollough, a practicing cardiologist and Professor of Medicine, at Texas Christian University and the University of North Texas Health Sciences Center School of Medicine. His declaration speaks to the comparatively small risk posed by COVID-19 children, compared to vaccination.

108. Exhibit 7 is the Declaration of Dr. Melanie Webb, a practicing forensic psychologist. Her declaration details various dangers, and very real impacts, to children using masks daily.

109. Exhibit 8 is the Declaration of Dr. Angelina Farella, a practicing pediatrician and leader – who has spoken publicly – and an authority on various COVID-19 strategies, who details in her declaration, medical dangers to mask use.

110. Exhibit 13 is a true copy of the stay order, issued by the Texas Supreme Court, in the Bexar County Case 21-0720.

111. The declarations of the plaintiffs detail irreparable harm suffered by Plaintiffs, including: depression and other mental health issues, physical health issues concerning rashes, headaches, nausea, and bullying by teachers.

112. The declarations of the named expert witnesses support the assertion that the masking of minors in schools is causing irreparable harm to the education of these children and further, cause both mental and physical harm to children.

VII. CONDITIONS PRECEDENT

113. All conditions precedent have been met.

VIII. CAUSES OF ACTION

A. SUMMARY: Defendants must be enjoined from violating Plaintiffs’ right to attend school “unmasked” and Defendants must be further enjoined to prevent violations of the Texas Open Meetings Act.

114. As stated above, Defendant McFarland issued an edict requiring District students to wear masks while on District property, and did so in direct contradiction to Gov. Abbott’s GA-38 executive order.

115. Based on the Texas Constitution and case law cited below, Plaintiffs ask the Court to issue a temporary restraining order, temporary injunction, and then a permanent injunction, after a full adjudication on the merits, preventing Defendants from making up rules and enforcing them laws, as follows.

A. Background - Texas Disaster Act of 1975

116. Based on the power given to him by the Disaster Act of 1975, Gov. Abbott issued Executive Order GA-38 on July 29, 2021, which has the effect of law and prohibits any governmental entity, public health authority, or official, from requiring face coverings – other than in hospitals and jails. *See* Exhibit 1.

117. Typically, Gov. Abbott uses local authorities as his arms to accomplish goals, to manage emergencies. Toward that end, Gov. Abbott may make amendments to statutes and create rules impacting commercial operations.

118. The Governor’s executive orders, “have the force and effect of law”, and supersede local regulations. *See* Tex. Gov’t Code Sec. 418.012, *See also State v. El*

Paso Cty., No. 08-20-00226-CV, 2020 WL 6737510 (Tex. App.–El Paso, November 13, 2020, no pet.).

B. Background - Texas Open Meetings Act

119. “Our citizens are entitled to more than a result. They are entitled, not only to know what the government decides, but to observe how and why every decision is reached. The explicit command of the statute is for openness at every stage of the deliberations. *Smith County v. Thornton*, 726 S.W.2d 2, 3 (Tex. 1986).” *Acker v. Texas Water Com.*, 33 Tex. Sup. J. 449 (1990).

120. “The purpose of the Texas Open Meetings Act is to protect the public's interest, in knowing the workings of its governmental bodies. *Cox Enterprises, Inc. v. Board of Trustees of Austin I.S.D.*, 706 S.W.2d 956, 960 (Tex. 1986). The Texas Supreme Court has observed, citizens “are entitled not only to know what the government decides but to observe how and why every decision is reached. The explicit command of the statute is for openness at every stage of the deliberations.” *Acker v. Texas Water Commission*, 790 S.W.2d 299, 300 (Tex. 1990).

121. “In our country, we have a basic belief that in a democracy the people do not need their government to protect them from themselves.” *Finlan v. City of Dallas*, 1995 U.S. Dist. LEXIS 7982.

122. Secret meetings of government entities violate the Texas Open Meetings Act, found at sec. 551.002 of the Texas Gov't Code, which stipulates that “[e]very regular, special, or called meeting of a gov’l body shall be open to the public...”.

123. The Texas Supreme Court has held that “[t]he Open Meetings Act generally provides that an action taken in violation of the Act is ‘voidable’...”. *Town of Shady Shores v. Swanson*, No. 18-0413, 63 Tex. Sup. Ct. J. 180, 2019 Tex. LEXIS 1213, at *19 (Dec. 13, 2019).

C. Incorporation of the Supreme Court of Texas Stay Order

124. On August 26, 2021, a stay order was issued by the Texas Supreme Court, in the Bexar County Case 21-0720. The order granted Governor Abbott’s emergency motion for temporary relief, thereby rehabilitating GA-38 as a binding legal instrument, suitable for enforcement throughout Texas.

**1. CLAIM—CISD’S MASK MANDATE VIOLATES THE
FOURTEENTH AMENDMENT PURSUANT TO 42 U.S.C. § 1983.**

i. Legal Background

125. The Fourteenth Amendment to the United States Constitution forbids the State to deprive any person of life, liberty, or property, without due process of law. *Goss v. Lopez*, 419 U.S. 565, 572 (1975). The proper vehicle to assert Fourteenth Amendment violations is Section 1983. *Monell v. Dep’t of Soc. Servs. of City of New York*, 436 U.S. 658, 694 (1978). A local government entity may be sued under § 1983 when it executes a policy or custom, made by its lawmakers – or by those

whose edicts, or acts, may fairly be said to represent official policy – and inflicts the injury that the government, as an entity, is responsible. *Id.*

126. Plaintiffs’ rights to equal protection and due process were violated when the school imposed a mask mandate, without legal authority, and contrary to law as codified by GA-38 and the TEA’s September 17th 2021 Guidance.

127. Children do not shed their constitutional rights when they enter a school. *Tinker v. Des Moines School Dist.*, 393 U.S. 503, 506 (1969). “The Fourteenth Amendment, as now applied to the States, protects the citizen against the State itself and all of its creatures –Boards of Education not excepted.” *West Virginia Board of Education v. Barnette*, 319 U.S. 624, 637 (1943).

128. While the Constitution cannot control prejudices in the community, and “private biases may be outside the reach of the law”, “the law cannot, directly or indirectly, give them effect.” *Bailey v. Mansfield Indep. Sch. Dist.*, 425 F. Supp. 3d 696, 717-719 (N.D. Tex. 2019), appeal dismissed sub nom. *Bailey v. Vaszauskas*, No. 19-11313, 2020 WL 3053942 (5th Cir. Feb. 28, 2020). Public officials cannot avoid their constitutional duty by “bowing to the hypothetical effects of private ... prejudice that they assume to be both widely and deeply held.” *Id.*

129. Recognizing that absent membership in a suspect or protected class, a Plaintiff can succeed on a “class of one”, equal protection claim only when there is “no rational basis for the difference in treatment” *Id.* at 717.

130. Under rational basis review, “legislation is presumed to be valid and will be sustained if the classification drawn by the statute is rationally related to a legitimate state interest.” *Id.*

131. “[T]he Equal Protection Clause requires only a rational means to serve a legitimate end.” *Id.* “Despite its deference, however, the rational basis test is not a toothless one.” *Greater Hous. Small Taxicab Co. Owners Ass’n v. City of Hous., Tex.*, 660 F.3d 235, 239 (5th Cir. 2011) (citation omitted). “[E]ven the standard of rationality as we so often have defined it must find some footing in the realities of the subject addressed by the legislation.” *Heller v. Doe*, 509 U.S. 312, 321, 113 S.Ct. 2637, 125 L.Ed.2d 257 (1993). A “State may not rely on a classification whose relationship to an asserted goal is so attenuated as to render the distinction arbitrary or irrational. Furthermore, some objectives—such as a bare desire to harm a politically unpopular group—are not legitimate state interests.” *City of Cleburne*, 473 U.S. at 446-47, 105 S.Ct. 3249 (cleaned up).

132. The public's “mere negative attitudes, or fear”, of a minority group, “are not permissible bases” for differential treatment, since the law cannot act on private biases. *Id.* at 448, 105 S.Ct. 3249.

133. Claims under the Equal Protection Clause can include both tangible and intangible injuries. *Bailey*, 425 F. Supp. 3d at 716–17.

“Discrimination itself, by perpetuating archaic and stereotypic notions or by stigmatizing members of the disfavored group as innately inferior and therefore as less worthy participants in the political community, can cause serious noneconomic injuries to those persons who are personally denied equal treatment solely because of their membership in a disfavored group.”

Id.

134. The Court noted in *Romer v. Evans* that under the ordinary deferential equal protection standard – that is, rational basis – it would “insist on knowing the relation between the classification adopted and the object to be obtained.” 517 U.S. 620, 640 (1996). It is this search for a “link” between classification and objective, noted the Court, that “gives substance to the Equal Protection Clause.” *Id.* If a community's perception was based on nothing more than unsupported assumptions, outdated stereotypes, and animosity, it was necessarily irrational and provided no legitimate support for the entities decision. *Bailey*, 425 F. Supp. 3d at 716–17. Such types of amendments are, “a status-based enactment divorced from any factual context from which we could discern a relationship to legitimate state interests.” *Id.*

135. To state a claim under section 1983 against a school district, the “complaint must allege sufficient factual content to permit the reasonable inference (1) that a constitutional violation occurred and (2) that an ‘official policy’ attributable to the

school district's policymakers (3) 'was the moving force' behind it." *Bailey*, 425 F. Supp. 3d at 713.

ii. The District violated students' rights on the pretext of an illegally adopted rule.

136. In this case, similarly-situated students are treated differently, due to uneven application and enforcement of the mask policy. For example, students are not required to be masked in the cafeteria; drinking fountains are open and used; and writing tools, or other materials, are not sanitized. *See* Exhibit 5.

137. Because the mask policy is not based on supported science and is enforced unevenly, no reasonable person can defend CISD's policy as anything other than an arbitrary deprivation of the right to a state-provided public education to disfavored student families.

2. CLAIM – UNCONSTITUTIONAL DENIAL OF A FREE PUBLIC EDUCATION UNDER THE TEXAS CONSTITUTION

138. The Texas Constitution, Article VII, section 1 states:

SUPPORT AND MAINTENANCE OF SYSTEM OF PUBLIC FREE SCHOOLS. A general diffusion of knowledge being essential to the preservation of the liberties and rights of the people, it shall be the duty of the Legislature of the State to establish and make suitable provision for the support and maintenance of an efficient system of public free schools.

139. Article VII, section 1 of the Texas Constitution confers the right on school children for a public free school. *Neeley v. W. Orange-Cove Consol. Indep. Sch. Dist.*, 176 S.W.3d 746, 774 (Tex. 2005).

140. To fulfill the constitutional obligation under the Texas Constitution, Article VII, section 1, to provide a general diffusion of knowledge, districts must provide all Texas children access to a quality education that reasonably enables them to achieve their potential and fully participate now and in the future in the social, economic, and educational opportunities of our state and nation. *Neeley v. W. Orange-Cove Consol. Indep. Sch. Dist.*, 176 S.W.3d 746, 787 (Tex. 2005) (citing Tex. Educ. Code §§ 4.001(a) and 28.001).

141. Public schools in Texas may operate under the minimum standard health protocols found in guidance issued by the Texas Education Agency (“TEA”).

142. Children and parents who object to the masking of minor children for extended periods of time have been compelled to rely on virtual learning in lieu of in-person instruction. As demonstrated above, virtual learning does not generally provide the same level of education to children, as in-person classroom instruction. If it did, there would be no need for brick-and-mortar schools.

143. Defendants’ policy is irrational because it sentences some children to an inferior mode of education based on unsupportable beliefs of school administrators, and the refusal of the students’ and their parents’ convictions not to accept such scientific illiteracy as valid; no reputable doctor who has studied this issue believes that the value of mask use by students and school staff, to reduce

COVID-19, warrants a militant implementation when compared to the cost of such mask use to education, *even if they support mask use generally*.

144. Requiring mandatory face masking for all students fails the rational basis test, and is clearly not in a child's best interest when assessed factually.

145. Additionally, the mask policy includes no specification for mask construction, leading to farcical "masks" – made of cheesecloth or other sheer fabric – that no reasonable person would suggest deters the spread of COVID-19.

146. The CISD mask policy is now little more than a game of compliance for its own sake benefitting no one, while those who point out that the emperor is naked are punished with a Kafkaesque banishment to schooling from home.

3. CLAIM—VIOLATIONS OF THE EQUAL PROTECTION AND DUE PROCESS CLAUSES OF THE TEXAS CONSTITUTION

147. Article I, § 3 of the Texas Constitution states, "[a]ll free men, when they form a social compact, have equal rights, and no man, or set of men, is entitled to exclusive separate public emoluments or privileges, but in consideration of public services." The Defendants' mask order has the practical effect of treating similarly-situated classes of students differently. The disparate and unequal treatment of these separate entities is not fully explained and has no rational basis.

148. Equal Protection refers to the idea that a governmental body may not deny people equal protection of its governing laws. The state must treat an individual in the same manner as others in similar conditions and circumstances.

149. Generally, a legislature may make distinctions among people, for any proper purpose, as long as the distinction is rational. To pass the rational basis test, the school's policy must have a legitimate state interest and there must be a rational connection between the policy's means and goals. There must be a logical relationship between the purpose of a law, and any classification of people, that it makes. Without this “rational basis”, courts will strike challenged laws.

150. Plaintiffs do not contest that the government has a compelling governmental interest in arresting the spread of COVID-19 in the general population; nor do Plaintiffs maintain that masking in public spaces, or even private homes, is inappropriate.

151. Plaintiffs’ claim is narrow and precise. Plaintiffs’ claim begins with recognition that this is not primarily a dispute about masks. Some parents will not permit their students to wear masks, and some students will refuse to do so. In light of those facts, Defendants have sentenced these dissenters to virtual instruction, and this dispute concerns the propriety of that penal sanction.

152. Plaintiffs admit that although the state has a legitimate interest in mitigating the spread of COVID-19, blanket mask mandates in schools do not create a sufficient rational connection between the policy’s means and goals. Namely, the evidence that COVID-19 does not spread among students or betwixt students and teachers, coupled with the documented adverse impacts of virtual instruction,

militates against the notion that separate and unequal virtual education is the appropriate remedy to the challenge schools face in balancing competing interpretations of adverse risks posed by the pandemic.

153. Adding to these observations is the lack of any substantive mask specification. In the eyes of CISD, all face coverings are sufficient to accomplish the goal of limiting COVID-19 spread, or at least good enough. But CISD has no science to support that theory, as its administrators simply adopt the belief that every face covering is good; and when challenged, assert that the practice has no cost, and might help. But CISD's "science" is little more than a primitive man walking out of his cave, noticing that the land in front of him is not obviously curved, and then pronouncing that the world is flat. Such a belief would not immediately harm him, but it would be wrong, and limit his culture's progress.

154. Article I, § 319 of the Texas Constitution states, "[n]o citizen of this State shall be deprived of life, liberty, property, privileges or immunities, or in any manner disenfranchised, except by the due course of the law of the land."

155. Defendants' mask policy punishes noncompliant students with virtual learning, in place of in-person instruction. This is tantamount to an expulsion from the public school, and has significant implications for families with work requirements, who are unable to monitor their children during the workday.

156. The Defendants’ policy, perhaps best conceptualized as “expulsion with caveats”, creates a situation where teachers must act as the mask police for children who lack the maturity level to comply with this policy on a long-term basis – hour after hour, day after day. As noted above, parents and teachers have been profoundly taxed by the exigencies of the pandemic, and when children are sentenced to virtual instruction, the statistics leave no doubt that many children will slip through the cracks and suffer lasting harm to their educational advancement and even mental wellbeing.

157. Virtual instruction violates the due process rights of the parents and their children because mandatory school masking does not provide a clear process outlining why virtual learning is the appropriate sanction for an exercise of conscience, regarding a risk assessment faced by our society.

158. Reasonable people may differ on the balance the risk of COVID-19 transmission, and potential damage to children of zealous pandemic mitigation. That difference in risk assessment is no grounds for denial of fundamental due process rights. and the creation of a shadow underclass of undereducated students.

4. CLAIM – VIOLATION OF THE TEXAS OPEN MEETINGS ACT

159. As stated above, the District has created a policy without any opportunity for stakeholders to petition the District for a change to the proposed policy.

160. After a diligent search on the District's website, no record could be found of any minutes at any meeting that describes the adoption of the mask policy, or any authorization of any committee assigned to develop this policy.

161. Due to the absence of public record regarding how and why the school mask mandate was adopted, Defendants have failed to demonstrate that it is predicated on a rigorous scientific and medical basis. Even the Governor's expired mask mandates exempted children, yet the District at some point, some place adopted a policy that differed from the Governor's guidance, though that policy appears to have been developed without an open vote.

162. Irrespective of the established policy, the Board's *comme ci, comme ça* approach to Board action was demonstrated at the recent August 11, 2021, Board of Trustees meeting, where the Trustees held an executive session and Defendant McFarland came out and just announced the mask policy. **The policy was created without a public vote but only by a private vote in executive session.**

163. Should the Court wonder why this matters, one can note that school board members can be removed under section 87.012 of the Texas Local Government Code for incompetency and misconduct, such as breaking laws. Board members have duties as elected officials; the buck stops with them.

5. CLAIM – Plaintiffs seek this Court’s declaration that the District’s Mask Mandate is void and unenforceable.

164. As stated above, the District is preparing to enforce an illegal policy. Plaintiffs seek a declaration that the District’s mask policy is void for illegality and thus unenforceable.

165. As described in the Petition for Writ of Mandamus filed in the Fifth District Court of Appeals, styled *In Re: Greg Abbott*, Cause No. 05-21-00687-CV, Gov. Abbott's GA-38 constitutes state law, and cannot be trumped by a local despot, no matter how much he wants to do something other than follow the law.

166. GA-38 and the September 17th, 2021, TEA Guidance disallow any governmental entity to require masks. The District required the Plaintiffs to wear a masks contrary to GA-38.

167. Plaintiffs seek a declaration under section 37.003(a) of the Texas Civil Practice and Remedies Code, “A court of record within its jurisdiction has power to declare rights, status, and other legal relations whether or not further relief is or could be claimed. An action or proceeding is not open to objection on the ground that a declaratory judgment or decree is prayed for.”

168. Plaintiffs seek a declaratory judgment that the “Mask rule” violated Plaintiffs’ rights and should be declared void.

169. The declaration sought in the present case will remove uncertainty regarding rights and will resolve the controversy regarding whether the Defendant’s “mask

rule” is valid. Further, because Plaintiff is not requesting monetary damages, but rather is seeking a declaration that the Defendant’s “mask rule” is illegal, he does not need an express statutory waiver of governmental immunity to seek declaratory relief. *See Tex. Natural Res. Conservation Comm’n*, 74 S.W.3d at 855.

170. A declaration that any policy or procedure of the City that was used to justify any unlawful action taken against Plaintiff be found to be illegal and declared void as a matter of law falls within the scope of the Uniform Declaratory Judgment Act. *See Ackers v. City of Lubbock*, 253 S.W.3d 770, (Tex. App. 2007).

171. Plaintiff’s request for declaratory relief will, at the very least, remove uncertainty regarding the validity of Defendant’s rule. *See Tex. Civ. Prac. & Rem. Code Ann. §§ 37.002(b), 37.003(c); Ackers*, 253 S.W.3d at 775.

172. Concluding to the contrary would effectively render meaningless several relevant UDJA provisions and ignore the supreme court's directive that "[t]he rule requiring a waiver of governmental immunity to be clear and unambiguous cannot be applied so rigidly that the almost certain intent of the Legislature is disregarded." *See City of LaPorte v. Barfield*, 898 S.W.2d 288, 292 (Tex. 1995)."

6. CLAIM – Alternatively, Plaintiffs as for a Declaratory Judgment that the Mask Policy is void for lack of legal authority and *ultra vires*.

173. Plaintiffs have claimed that Defendants voted secretly and by consensus in violation of the Texas Open Meetings Act. However, should it be revealed that Defendants actually did not vote, and Defendant McFarland acted without authority from the CISD Board of Trustees, then Plaintiffs assert that his actions were *ultra vires* and not enforceable.

174. An *ultra vires* action requires a plaintiff to “allege and ultimately prove that the officer acted without legal authority or failed to perform a purely ministerial act.” *See City of El Paso, v. Heinrich*, 284 S. W.3d 366, 372 (Tex. 2009). *See also Hall v. McRaven*, 508 S.W.3d 232, 243 (Tex. 2017).

175. The Supreme Court of Texas defines “without legal authority” by holding, “a government officer with some discretion to interpret and apply a law my nonetheless act ‘without legal authority,’ and thus *ultra vires*, if he exceeds the bounds of his granted authority or if his acts conflict with the law itself.” *See Hous. Belt & Terminal Ry. Co. v. City of Houston*, 487 S.W.3d 154, 158 (Tex. 2016).

176. “Ministerial acts” are those, “where the law prescribes and denies the duties to be performed with such precision and certainty as to leave nothing to the exercise of discretion or judgment.” *Sw. Bell Tel., L.P. v Emmett*, 459 S. W. 3d 578, 578 (Tex. 2015) (quoting *City of Lancaster v. Chambers*, 883 S. W.2d 650, 654 (Tex. 1994)).

177. Assuming the Board of Trustees did not secretly and illegally give Defendant McFarland the authority to enact the illegal mask mandate, he must have acted *illegally* to create the unlawful mandate *ex nihilo* and substituted his medical judgment for that of parents and medical professionals.

7. CLAIM – Violation of the Americans With Disabilities Act

178. The Americans with Disabilities Act (“ADA”) provides a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities. 42 U.S.C. §§ 12101(b)(1) & (2).

179. The ADA requires that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.” 42 U.S.C. § 12132.

180. Plaintiffs’ School Districts illegal mask mandates violate the regulations and provisions of the ADA, as follows:

- a. Defendants are failing to make a reasonable modification, under circumstances where it is required, in violation of 28 C.F.R. § 35.130(b)(7);
- b. Defendants are excluding, students with disabilities from participation in public education, violating 42 U.S.C. § 12132 and 28 C.F.R. § 35.130;
- c. Defendants are failing to make, their services, programs, and activities “readily accessible” to disabled individuals, violating 28 C.F.R. § 35.150;

d. Defendants are administering a policy that subjects qualified individuals with disabilities to discrimination on the basis of disability and that has the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the public entity's program with respect to individuals with disabilities, violating 28 C.F.R. § 35.130(b)(3).

181. The ADA further prohibits any public entity from, either directly or through contractual or other arrangements, using any criteria or methods of administration that (a) have the effect of subjecting qualified individuals with disabilities to discrimination on the basis of disability and/or (b) perpetuate the discrimination of another public entity if both public entities are subject to common administrative control or are agencies of the same State. 28 C.F.R. §§ 35.130 (b)(3)(i) & (iii).

182. None of the Defendants have the authority to circumvent the ADA and its protection for students with disabilities through any executive fiat possessed by the Superintendent or school board.

183. Excluding children from the public-school classroom because of a disability is precisely the type of discrimination and segregation that the ADA and its amendments aim to prevent and specifically prohibit.

184. Plaintiffs ask the Court to enjoin Defendants' mask mandate and seek damages under the ADA.

8. CLAIM--Violation of Section 504 of the Rehabilitation Act of 1973

185. Children with disabilities that substantially limit one or more major life activities, are persons with a disability under Section 504 of the Rehabilitation Act, as amended (“Act”). See 29 U.S.C. § 705(9)(B), as amended by the ADA Amendments Act, Pub. L. 110-325, Sec. 7, 122 Stat. 3553 (Sept. 25, 2008).

186. A child may otherwise qualify under Section 504 of the Rehabilitation Act by meeting the essential eligibility requirements for public education in Texas.

187. CISD receives federal financial assistance, including funding from Title I of the Elementary and Secondary Education Act and from the Elementary and Secondary School Emergency Relief of the American Rescue Plan Act of 2021.

Exhibit 11.

188. Defendants have violated Section 504, as follows:

- a. Defendants are excluding Plaintiffs from participation in public education, violating 29 U.S.C. § 794(a) and 34 C.F.R. § 104.4(b)(1)(i);
- b. Defendants are using methods of administration that discriminate against Plaintiffs on the basis of disability, violating 34 C.F.R. § 104.4(b)(4);
- c. Defendants are using methods of administration that defeat or substantially impair accomplishment of the objectives of the public education provided by CISD, violating 34 C.F.R. § 104.4(b)(4).

189. None of the Defendants have the authority to circumvent Section 504 and its protection for students with disabilities through any executive fiat possessed by the Superintendent or schoolboard.

190. Excluding children from the public-school classroom because of a disability is precisely the type of discrimination and segregation that Section 504 aims to prevent and specifically prohibit.

191. Plaintiffs ask the Court to enjoin the mask mandate pursuant to the Act.

9. CLAIM--Removal of School Board Members

192. Plaintiffs seek removal of Schoolboard Defendants of the named schoolboard from their positions based on incompetency and official misconduct under section 87.013 of the Texas Local Government Code and section 24, art. V of the Texas Constitution. School trustees cannot dodge responsibility by delegating everything to superintendents; such trustees should be replaced by those who recognize that their job is to be more than mere cheerleaders for administrators.

3. In a civil removal suit, “official misconduct” means “intentional, unlawful behavior relating to official duties by an officer entrusted with the administration of justice or the execution of the law. The term includes an intentional or corrupt failure, refusal, or neglect of an officer to perform a duty imposed on the officer by law.” Tex. Loc. Gov’t Code § 87.011(3).

4. The fact that other officials may have acted similarly, but were not removed, is not a valid defense to a removal action since the principal that “two wrongs make right” is insuperable. *Stern v. State ex rel. Ansel*, 869 S.W.2d 614, 619 (Tex. App.—Houston [14th Dist.] 1994, writ denied).

5. If more than one act of official misconduct is charged, a true finding with respect to any one of them is sufficient to support a judgment of removal. *Poe v. State*, 72 Tex. 625, 10 S.W. 737, 740 (1889).

6. An official’s ability to delegate responsibility to others or rely on others for the performance of their duties does not relieve the official from his or her responsibility to supervise and control at least in a general way and in a reasonably efficient manner all affairs of his or her office. *De Anda v. State*, 131 S.W.3d 198, 202 (Tex. App.—San Antonio 2004, no pet.) (quoting *Huntress v. State ex rel. Todd*, 88 S.W.2d 636, 646 (Tex. Civ. App.—San Antonio 1935, writ dismissed)).

7. Critically, good faith is no defense in a removal action because the relevant inquiry turns on whether the official intentionally and knowingly engaged in conduct which constituted a violation of law, rather than whether she acted in good faith. See *Stern*, 869 S.W.2d at 627; see also *Lewis v. State*, 773 S.W.2d 716, 717 (Tex. App.—Corpus Christi 1989, writ denied).

8. Unlike official misconduct, no showing of a statutory violation is required to sustain a claim of incompetency. See *Stern*, 869 S.W.2d at 623.

9. “Incompetency” for removal purposes means gross ignorance of official duties, gross carelessness in the discharge of official duties or unfitness or inability to promptly and properly discharge official duties because of a serious physical or mental defect which did not exist at the time of the officer’s election. See Tex. Loc. Gov’t Code § 87.011(2)(A)-(C).

10. A finding of incompetency requires more than a mere error in judgment. *See De Anda v. State*, 131 S.W.3d 198, 202 (Tex. App.—San Antonio 2004, no pet.) (quoting *Huntress*, 88 S.W.2d at 646).

11. Even if all the Defendants really believed that masks were proper and were operating to save lives, that good faith is no defense to incompetency. *Stern*, 869 S.W.2d at 623.

12. The attorney general has opined that an officer’s personnel policies may evidence incompetency, particularly if those policies clearly fail to serve the ends of ultimate performance of the officer’s legal duties. Op. Tex. Att’y Gen. No. JC-0239 (2000), at 6.

13. In the facts at bar, Schoolboard Defendants intentionally imposed a mask mandate contrary to Governor Abbot’s express prohibition in GA-38, thereby directly violating the law.

14. Even the most charitable interpretation of Schoolboard Defendants’ conduct lands them within the ambit of incompetency in the event that they attempt to

argue that they did not commit official misconduct because they were ignorant of the consequences of violating the law.

15. As noted *supra*, good faith is a defense to neither of these charges.

16. Ergo, Schoolboard Defendants should be removed because they committed official misconduct when they knowingly, and intentionally violated the Governor's executive order, or they should be removed for incompetence for not grasping the elementary principle that subordinate government officials, i.e. schoolboard members, are obliged to follow the lawful orders of higher officers, i.e. the governor.

17. On this basis, this Court should initiate removal against the Schoolboard Defendants by issuing an order pursuant to Tex. Loc. Gov't Code § 87.

10. CLAIM - Application For Temporary Restraining Order

193. Plaintiffs requests a temporary restraining order ("TRO"), to protect the status quo, by preventing Defendants from enforcing their prohibition against non-mask wearing students entering school until the Court issues a temporary injunction, or the case can be adjudicated.

194. The purpose of a TRO is to preserve the status quo, which the Supreme Court has defined as "the last, actual, peaceable, non-contested status which preceded the pending controversy." *In re Newton*, 146 S.W.3d 648, 651 (Tex. 2004) (cleaned up).

195. A TRO restrains a party from acting, only during the pendency of motion for temporary injunction, i.e., until a full evidentiary hearing on the motion occurs. *Del Valle ISD v. Lopez*, 845 S.W.2d 808, 809 (Tex. 1992); see Tex. R. Civ. P. 680.

196. Any TRO issued by a trial court must:

(1) [S]tate why the order was granted without notice if it is granted *ex parte*, (2) state the reasons for the issuance of the order by defining the injury and describing why it is irreparable, (3) state the date the order expires and set a hearing on a temporary injunction, and (4) set a bond.

In re Office of the AG, 257 S.W.3d 695, 697 (Tex. 2008) (cleaned up).

197. The comparative injury, or balance of equities and hardships, to the parties and to the public interest, support granting a temporary restraining order; Plaintiffs are only asking the Court to preserve the status quo, and require the Defendants cease from enforcing their prohibition, which is damaging Plaintiffs' constitutional rights to a public education.

i. Immediate injunctive relief is required for irreparable injury.

198. There is no adequate remedy at law that will give Defendants full relief, because Defendants' actions are illegal, and Plaintiffs suffer from diminished value of their education. Each day, the Plaintiffs suffer significant irreparable damage to due process of law and education. Plaintiffs' total damages cannot be measured

with certainty, and it is neither equitable, nor conscionable, to allow Defendants to violate state law to present their favored theories as though it is settled science.⁷⁴

199. The loss of constitutional freedoms for, “even minimal periods of time, unquestionably constitutes irreparable injury.” *Elrod v. Burns*, 427 U.S. 347, 373 (1976). This is no less true for statutory-based freedoms, such as the right to a free and appropriate public education.

200. The harm to the Plaintiffs, if this TRO is denied, will be significant and irreparable. If this Court allows the ISD to continue unchecked, Plaintiffs’ children face a diminished educational experience for no good reason, in addition to the mental and physical damage due to teacher bullying, depression, and other mental health issues as outlined in the expert reports.

201. The Plaintiffs are entitled to a TRO, because Defendants can show no harm to the ISD, in granting the relief requested. Defendants violated the legal process and the Texas Open Meetings Act. Enjoining an already illegal, and unconstitutional, policy does not cause harm to the Defendants.

202. Therefore, Plaintiffs respectfully requests that this Court issue a temporary restraining order against the Defendants – restraining them, their agents, representatives, employees, or anyone acting on their behalf, including teachers – until further order of the Court; and from taking any actions to enforce the mask

⁷⁴ The Court is asked to take judicial notice of the story of the Swine Flu vaccine, which was released with great fanfare, only to find that it caused complications a year later.

policy outlined in the Plan, or any iteration thereof against Plaintiffs, including but not limited to, permitting Plaintiffs' access to school without a mask. The proposed TRO is attached as Exhibit 6.

ii. Length of the Temporary Restraining Order

203. Plaintiffs requests that the TRO last for fourteen days from the date of issue.

iii. Bond

204. Because Plaintiffs seek a TRO, it must post a bond. As Defendants are state actors which will suffer no damage, Plaintiffs' request bond be set at \$100.00.

11. APPLICATION FOR TEMPORARY & PERMANENT INJUNCTION

205. Similarly, Plaintiffs seek that this Court first temporarily enjoin, and then permanently enjoin the ISD, restraining it or anyone acting on its behalf, including teachers, from enforcing its mask policy.

206. Absent judicial intervention, Plaintiffs face ongoing irreparable mental and physical harm and unreasonable restrictions on the students' education, and has no practical ability to, again, prevent the ISD from further penalizing them, and continuing to provide an inequitable education.

207. There is no adequate remedy at law that will give Plaintiffs full relief, because denial of an unmasked education should be addressed immediately.

208. The Court should note it is not necessary at the hearing for temporary injunction, for Plaintiffs to prove they will ultimately prevail, *Sun Oil Co. v.*

Whitaker, 424 S.W.2d 216, 218 (Tex. 1968) but only that Plaintiffs are entitled to the preservation of the status quo, pending trial. *Iranian Muslim Org. v. City of San Antonio*, 615 S.W.2d 202, 208 (Tex. 1981).

209. The comparative injury, or balance of equities and hardships, to the parties and to the public interest, support granting injunctive relief; the Plaintiffs are only asking the Court to preserve the status quo, and require Defendants to cease unlawfully infringing upon Plaintiffs' constitutional rights with a temporary, and then permanent injunction.

IX. JURY DEMAND

210. Plaintiffs herewith tender a jury fee and respectfully request a jury trial; trial by jury is also required by section 87.013 of the Texas Local Government Code.

X. ATTORNEYS' FEES

211. Pursuant to the ADA, the Act, and 42 U.S.C. § 1988, Plaintiffs are entitled to and seek an award of their reasonable attorneys' fees, costs, and expenses.

XI. PRAYER

212. Plaintiffs respectfully pray that the Defendants be cited to appear and answer, as required by law; and, after trial by jury, Plaintiffs be awarded judgment against Defendants and that Plaintiffs be granted all relief to which Plaintiffs may be entitled in law and equity, including but not limited to:

- a. an order temporarily restraining the District from enforcing a mask mandate and injunctions following to the same effect;
- b. an order enjoining the District from enforcing a mask requirement against those for whom no individual medical indication is known;
- c. a similar TRO and injunctive relief requiring the District to recognize religious and medical exemptions;
- d. a declaration that the District's face-covering rule is unconstitutional;
- e. an order to issue citation to initiate a removal of the Schoolboard Defendants from the Board of Trustees;
- f. reasonable and necessary attorney's fees, costs, interest; and
- g. costs of court.

Respectfully submitted,

By: /s/ Warren V. Norred

Warren V. Norred

Texas Bar No. 24045094; norred@norredlaw.com

515 E. Border; Arlington, Texas 76010

P: 817-704-3984; F: 817-524-6686

Attorney for Plaintiffs

Exhibits:

- 1: GA-38. (reduced to 8.5" x 11")
- 2: Crowley ISD Mask Communications
- 3: Declaration of Lisa Brown
- 4: Declaration of Daniel Olivas
- 5: Declaration of Sara Anderson
- 6: Declaration of Mysti Shain
- 7: Declaration of Dr. Melanie Webb
- 8: Declaration of Dr. Angelina Farella
- 9: Declaration of Dr. Peter McCullough
- 10: Selected records - *In Re: Greg Abbott*, Cause No. 05-21-00687-CV.
<https://search.txcourts.gov/Case.aspx?cn=05-21-00687-CV&coa=coa05>
- 11: CISD Federal Report Card under Title I
- 12: Proposed TRO
- 13: Stay Order of the Texas Supreme Court
- 14: New TEA Guidance
- 15: Declaration of Italia De La Cruz
- 16: Declaration of Devyn Claybourn



GOVERNOR GREG ABBOTT

July 29, 2021

FILED IN THE OFFICE OF THE
SECRETARY OF STATE

3:15 PM O'CLOCK

JUL 29 2021

Secretary of State

Mr. Joe A. Esparza
Deputy Secretary of State
State Capitol Room 1E.8
Austin, Texas 78701

Dear Deputy Secretary Esparza:

Pursuant to his powers as Governor of the State of Texas, Greg Abbott has issued the following:

Executive Order No. GA-38 relating to the continued response to the COVID-19 disaster.

The original executive order is attached to this letter of transmittal.

Respectfully submitted,

A handwritten signature in cursive script, reading "Gregory S. Davidson".

Gregory S. Davidson
Executive Clerk to the Governor

GSD/gsd

Attachment

Executive Order

BY THE
GOVERNOR OF THE STATE OF TEXAS

Executive Department
Austin, Texas
July 29, 2021

EXECUTIVE ORDER GA 38

Relating to the continued response to the COVID-19 disaster.

WHEREAS, I, Greg Abbott, Governor of Texas, issued a disaster proclamation on March 13, 2020, certifying under Section 418.014 of the Texas Government Code that the novel coronavirus (COVID-19) poses an imminent threat of disaster for all Texas counties; and

WHEREAS, in each subsequent month effective through today, I have renewed the COVID-19 disaster declaration for all Texas counties; and

WHEREAS, from March 2020 through May 2021, I issued a series of executive orders aimed at protecting the health and safety of Texans, ensuring uniformity throughout Texas, and achieving the least restrictive means of combatting the evolving threat to public health by adjusting social-distancing and other mitigation strategies; and

WHEREAS, combining into one executive order the requirements of several existing COVID-19 executive orders will further promote statewide uniformity and certainty; and

WHEREAS, as the COVID-19 pandemic continues, Texans are strongly encouraged as a matter of personal responsibility to consistently follow good hygiene, social-distancing, and other mitigation practices; and

WHEREAS, receiving a COVID-19 vaccine under an emergency use authorization is always voluntary in Texas and will never be mandated by the government, but it is strongly encouraged for those eligible to receive one; and

WHEREAS, state and local officials should continue to use every reasonable means to make the COVID-19 vaccine available for any eligible person who chooses to receive one; and

WHEREAS, in the Texas Disaster Act of 1975, the legislature charged the governor with the responsibility "for meeting ... the dangers to the state and people presented by disasters" under Section 418.011 of the Texas Government Code, and expressly granted the governor broad authority to fulfill that responsibility; and

WHEREAS, under Section 418.012, the "governor may issue executive orders ... hav[ing] the force and effect of law;" and

WHEREAS, under Section 418.016(a), the "governor may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business ... if strict compliance with the provisions ... would in any way prevent, hinder, or delay necessary action in coping with a disaster;" and

WHEREAS, under Section 418.018(c), the "governor may control ingress and egress to

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SECRETARY OF STATE
3:15pm O'CLOCK

JUL 29 2021

Governor Greg Abbott
July 29, 2021

Executive Order GA-38
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and from a disaster area and the movement of persons and the occupancy of premises in the area;" and

WHEREAS, under Section 418.173, the legislature authorized as "an offense," punishable by a fine up to \$1,000, any "failure to comply with the [state emergency management plan] or with a rule, order, or ordinance adopted under the plan;"

NOW, THEREFORE, I, Greg Abbott, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas, do hereby order the following on a statewide basis effective immediately:

1. To ensure the continued availability of timely information about COVID-19 testing and hospital bed capacity that is crucial to efforts to cope with the COVID-19 disaster, the following requirements apply:
 - a. All hospitals licensed under Chapter 241 of the Texas Health and Safety Code, and all Texas state-run hospitals, except for psychiatric hospitals, shall submit to the Texas Department of State Health Services (DSHS) daily reports of hospital bed capacity, in the manner prescribed by DSHS. DSHS shall promptly share this information with the Centers for Disease Control and Prevention (CDC).
 - b. Every public or private entity that is utilizing an FDA-approved test, including an emergency use authorization test, for human diagnostic purposes of COVID-19, shall submit to DSHS, as well as to the local health department, daily reports of all test results, both positive and negative. DSHS shall promptly share this information with the CDC.
2. To ensure that vaccines continue to be voluntary for all Texans and that Texans' private COVID-19-related health information continues to enjoy protection against compelled disclosure, in addition to new laws enacted by the legislature against so-called "vaccine passports," the following requirements apply:
 - a. No governmental entity can compel any individual to receive a COVID-19 vaccine administered under an emergency use authorization. I hereby suspend Section 81.082(f)(1) of the Texas Health and Safety Code to the extent necessary to ensure that no governmental entity can compel any individual to receive a COVID-19 vaccine administered under an emergency use authorization.
 - b. State agencies and political subdivisions shall not adopt or enforce any order, ordinance, policy, regulation, rule, or similar measure that requires an individual to provide, as a condition of receiving any service or entering any place, documentation regarding the individual's vaccination status for any COVID-19 vaccine administered under an emergency use authorization. I hereby suspend Section 81.085(i) of the Texas Health and Safety Code to the extent necessary to enforce this prohibition. This paragraph does not apply to any documentation requirements necessary for the administration of a COVID-19 vaccine.
 - c. Any public or private entity that is receiving or will receive public funds through any means, including grants, contracts, loans, or other disbursements of taxpayer money, shall not require a consumer to provide, as a condition of receiving any service or entering any place, documentation regarding the consumer's vaccination status for any COVID-19 vaccine administered under an emergency use authorization. No consumer may be denied entry to a facility financed

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SECRETARY OF STATE
3:15 PM O'CLOCK

JUL 29 2021

Governor Greg Abbott
July 29, 2021

Executive Order GA-38
Page 3

- in whole or in part by public funds for failure to provide documentation regarding the consumer's vaccination status for any COVID-19 vaccine administered under an emergency use authorization.
- d. Nothing in this executive order shall be construed to limit the ability of a nursing home, state supported living center, assisted living facility, or long-term care facility to require documentation of a resident's vaccination status for any COVID-19 vaccine.
 - e. This paragraph number 2 shall supersede any conflicting order issued by local officials in response to the COVID-19 disaster. I hereby suspend Sections 418.1015(b) and 418.108 of the Texas Government Code, Chapter 81, Subchapter E of the Texas Health and Safety Code, and any other relevant statutes, to the extent necessary to ensure that local officials do not impose restrictions in response to the COVID-19 disaster that are inconsistent with this executive order.
3. To ensure the ability of Texans to preserve livelihoods while protecting lives, the following requirements apply:
 - a. There are no COVID-19-related operating limits for any business or other establishment.
 - b. In areas where the COVID-19 transmission rate is high, individuals are encouraged to follow the safe practices they have already mastered, such as wearing face coverings over the nose and mouth wherever it is not feasible to maintain six feet of social distancing from another person not in the same household, but no person may be required by any jurisdiction to wear or to mandate the wearing of a face covering.
 - c. In providing or obtaining services, every person (including individuals, businesses, and other legal entities) is strongly encouraged to use good-faith efforts and available resources to follow the Texas Department of State Health Services (DSHS) health recommendations, found at www.dshs.texas.gov/coronavirus.
 - d. Nursing homes, state supported living centers, assisted living facilities, and long-term care facilities should follow guidance from the Texas Health and Human Services Commission (HHSC) regarding visitations, and should follow infection control policies and practices set forth by HHSC, including minimizing the movement of staff between facilities whenever possible.
 - e. Public schools may operate as provided by, and under the minimum standard health protocols found in, guidance issued by the Texas Education Agency. Private schools and institutions of higher education are encouraged to establish similar standards.
 - f. County and municipal jails should follow guidance from the Texas Commission on Jail Standards regarding visitations.
 - g. As stated above, business activities and legal proceedings are free to proceed without COVID-19-related limitations imposed by local governmental entities or officials. This paragraph number 3 supersedes any conflicting local order in response to the COVID-19 disaster, and all relevant laws are suspended to the extent necessary to preclude any such inconsistent local orders. Pursuant to the legislature's command in Section 418.173 of the Texas Government Code and the State's emergency management plan, the imposition of any conflicting or inconsistent limitation by a local governmental entity or official constitutes a "failure to comply with" this executive order that is subject to a fine up to \$1,000.

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
3:15pm O'CLOCK

JUL 29 2021

Governor Greg Abbott
July 29, 2021

Executive Order GA-38
Page 4

4. To further ensure that no governmental entity can mandate masks, the following requirements shall continue to apply:
 - a. No governmental entity, including a county, city, school district, and public health authority, and no governmental official may require any person to wear a face covering or to mandate that another person wear a face covering; *provided, however, that*:
 - i. state supported living centers, government-owned hospitals, and government-operated hospitals may continue to use appropriate policies regarding the wearing of face coverings; and
 - ii. the Texas Department of Criminal Justice, the Texas Juvenile Justice Department, and any county and municipal jails acting consistent with guidance by the Texas Commission on Jail Standards may continue to use appropriate policies regarding the wearing of face coverings.
 - b. This paragraph number 4 shall supersede any face-covering requirement imposed by any local governmental entity or official, except as explicitly provided in subparagraph number 4.a. To the extent necessary to ensure that local governmental entities or officials do not impose any such face-covering requirements, I hereby suspend the following:
 - i. Sections 418.1015(b) and 418.108 of the Texas Government Code;
 - ii. Chapter 81, Subchapter E of the Texas Health and Safety Code;
 - iii. Chapters 121, 122, and 341 of the Texas Health and Safety Code;
 - iv. Chapter 54 of the Texas Local Government Code; and
 - v. Any other statute invoked by any local governmental entity or official in support of a face-covering requirement.

Pursuant to the legislature's command in Section 418.173 of the Texas Government Code and the State's emergency management plan, the imposition of any such face-covering requirement by a local governmental entity or official constitutes a "failure to comply with" this executive order that is subject to a fine up to \$1,000.

- c. Even though face coverings cannot be mandated by any governmental entity, that does not prevent individuals from wearing one if they choose.
5. To further ensure uniformity statewide:
 - a. This executive order shall supersede any conflicting order issued by local officials in response to the COVID-19 disaster, but only to the extent that such a local order restricts services allowed by this executive order or allows gatherings restricted by this executive order. Pursuant to Section 418.016(a) of the Texas Government Code, I hereby suspend Sections 418.1015(b) and 418.108 of the Texas Government Code, Chapter 81, Subchapter E of the Texas Health and Safety Code, and any other relevant statutes, to the extent necessary to ensure that local officials do not impose restrictions in response to the

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JUL 29 2021

Governor Greg Abbott
July 29, 2021

Executive Order GA-38
Page 5

- COVID-19 disaster that are inconsistent with this executive order, provided that local officials may enforce this executive order as well as local restrictions that are consistent with this executive order.
- b. Confinement in jail is not an available penalty for violating this executive order. To the extent any order issued by local officials in response to the COVID-19 disaster would allow confinement in jail as an available penalty for violating a COVID-19-related order, that order allowing confinement in jail is superseded, and I hereby suspend all relevant laws to the extent necessary to ensure that local officials do not confine people in jail for violating any executive order or local order issued in response to the COVID-19 disaster.

This executive order supersedes all pre-existing COVID-19-related executive orders and rescinds them in their entirety, except that it does not supersede or rescind Executive Orders GA-13 or GA-37. This executive order shall remain in effect and in full force unless it is modified, amended, rescinded, or superseded by the governor. This executive order may also be amended by proclamation of the governor.



Given under my hand this the 29th
day of July, 2021.

A handwritten signature in black ink that reads "Greg Abbott".

GREG ABBOTT
Governor

ATTESTED BY:

A handwritten signature in black ink that reads "Joe A. Esparza".
JOE A. ESPARZA
Deputy Secretary of State

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
3:15pm O'CLOCK

JUL 29 2021



Daniel Olivas <d.olivas1@gmail.com>

CISD Safe Return Plan

1 message

Anthony Kirchner <anthony.kirchner@crowley.k12.tx.us>
Reply-To: Anthony Kirchner <anthony.kirchner@crowley.k12.tx.us>
To: Crowley ISD Recipients <recipients@crowley.parentlink.net>

Mon, Aug 9, 2021 at 5:30 PM

Check out CISD Safe Return to School: <https://www.smores.com/6pxve>

CISD SAFE RETURN TO SCHOOL

COVID-19 GUIDELINES IN CROWLEY ISD



Crowley ISD will begin the 2021-22 school year with students returning to in-person instruction on **Thursday, Aug. 12**.

We look forward to the first day of school with excitement about having students and staff back in classrooms, but also with a sincere commitment to ensuring student and staff safety and well-being.

Please watch this [important video message](#) from Superintendent Dr. Michael McFarland and review the [Crowley ISD COVID Guidelines](#) for the new school year below.

A Message from Dr. McFarland: Know Better, Do Better



CROWLEY ISD COVID GUIDELINES

We will continue to consult with and review the guidance issued by the Texas Education Agency as well as local, state and national public health officials.

Due to changing metrics and health trends, we anticipate possible changes and revisions to our operating procedures as the school year progresses. Updates will be provided as protocols can safely be changed.

The following is a list of general guidelines to start our school year:



FACE MASKS

Masks are highly encouraged while indoors at all district schools, facilities and buses for all students, employees, and visitors. However, as directed by the Governor's Executive Order issued May 18, 2021, facemasks cannot be mandated.

VACCINES

CISD is partnering with vaccine providers to offer [free voluntary vaccination clinics](#) to students, employees and community members who elect to receive them.


All **middle school and high school campuses** will be hosting vaccine providers at their **back-to-school events** for any students 12 and older, their family members and CISD employees who are interested.

COVID-19 VACCINE OPPORTUNITIES

MONDAY, AUG. 9 // 6-8 P.M.
Crowley High School, North Crowley High School,
Crowley Ninth Grade and North Crowley Ninth Grade

TUESDAY, AUG. 10 // 6-8 P.M.
Crowley High School and North Crowley High School

TUESDAY, AUG. 10 // 5-8 P.M.
Crowley Middle School, H.F. Stevens Middle School,
Summer Creek Middle School and Richard Allie Middle School



CISD CROWLEY INDEPENDENT SCHOOL DISTRICT

SCREENING

Daily **temperature checks** will be conducted for students, employees and visitors.



Staff and visitors will be required to complete a **confidential self-screener** online daily.

Families are encouraged to **screen students for COVID-19 symptoms** at home before school.

If you are sick, you should stay home.



HAND WASHING AND SANITIZING

Frequent **hand washing** will be encouraged.

Hand sanitizer will be made available for all students, staff and visitors in all facilities and on buses.

CLEANING AND DISINFECTING

Routine and frequent **cleaning and disinfecting** will continue at all district facilities buses. Facilities and buses will also be e-misted nightly with sanitizing spray.



Campuses will notify the district and custodial services upon confirmation of a positive student case, at which time, additional campus and classroom sanitation will take place.

SOCIAL DISTANCING

Students, staff and visitors are encouraged to **practice physical distancing when possible**.

Desks should be spaced out three feet, when possible, to allow for social distancing.

Efforts should be made by campuses and student organizations to socially distance large groups of students and stakeholders in assemblies, common areas, practices, etc.

RAPID TESTING AND CONTACT TRACING

COVID-19 **rapid testing** will continue to be offered at CISD campuses for symptomatic individuals with parent consent.

Contact tracing will occur as necessary at all district campuses and buildings. Students and staff will likely not be required to quarantine if they have been fully vaccinated or were wearing a mask when the close contact occurred.

Students and staff will be encouraged to **self-report** when they have been exposed to COVID-19, have symptoms of COVID-19, or have received a positive diagnosis of COVID-19.

Contact tracing will be conducted by the campus and school nurse to determine if any other students or staff members were in close contact.

COMMUNICATION

In the event of a positive COVID-19 case, **communication will be provided to families in a manner deemed most effective** by the CISD Director of Health Services while protecting the confidentiality of individuals and their healthcare information.

At the **elementary level**, notification will likely be provided to class or grade level groups.

At the **secondary level** where contact tracing will potentially be more difficult, notification will be made to individuals with a known exposure.

The **COVID-19 dashboard** on the CISD website will be maintained starting Thursday, Aug. 12 to track the number of lab-confirmed cases among students and staff at each campus.

IN-PERSON LEARNING

For the 2021-22 school year, **all students will learn in person**. Virtual learning options - synchronous and asynchronous - will not be available due to the following:

- The district safety protocols have been implemented with fidelity and have resulted in rare transmission of the virus as a result of these efforts.
- The learning and social and emotional needs of students are best served in person.
- Teachers will not be required to maintain both in-person and remote classrooms due to the undue burden required to maintain such an arrangement.
- The state no longer provides funding for districts to offer virtual learning.

Families with students who cannot physically attend in-person because they are **medically fragile** are encouraged to apply for **medical homebound services**.

REGISTER NOW

Join Crowley ISD, where we provide excellence in education so that all student achieve their full potential in a safe, secure learning environment.

All new and returning students must complete the registration process each school year.

Click the [Register Now](#) button below to learn more and start the enrollment process.

REGISTER NOW

8/18/2021

Gmail - CISD Safe Return Plan

Case 4:21-cv-01162-P Document 1-1 Filed 10/21/21 Page 72 of 331 Exhibit 2 p 6

You are receiving this email because of your relationship with Crowley ISD. If you wish to stop receiving email updates sent through the Blackboard service, please [unsubscribe](#).

Crowley ISD | [512 Peach Street, Crowley, TX 76036](#) | 817-297-5800



Daniel Olivas <d.olivas1@gmail.com>

New! CISD Mask Requirement

6 messages

Anthony Kirchner <anthony.kirchner@crowley.k12.tx.us>
Reply-To: Anthony Kirchner <anthony.kirchner@crowley.k12.tx.us>
To: Crowley ISD Recipients <recipients@crowley.parentlink.net>

Wed, Aug 11, 2021 at 2:23 PM

Check out CISD Mask Update: <https://www.smore.com/7zs6g>

CISD MASK UPDATE

— MASKS TEMPORARILY REQUIRED INDOORS AND ON BUSES —

**MASKS MANDATORY**

Crowley ISD temporarily requires face masks in all buildings and buses.

**MASCARILLAS OBLIGATORIAS**

Crowley ISD temporalmente requiere máscaras faciales en todos los edificios y autobuses.

**CROWLEY INDEPENDENT SCHOOL DISTRICT**

August 11, 2021

Crowley ISD will **temporarily require face masks to be worn inside all buildings and on school buses**. This policy is:

- Effective **immediately for all employees**.
- Effective **beginning the first day of school for students, families and visitors**.

Everyone **two years of age and older** will be required to wear masks for **all indoor instruction and indoor activities** to help prevent the spread of the COVID-19 Delta variant in our schools and community.

This current policy is temporary and will be in effect in Crowley ISD through Aug. 27, 2021. During this time, the district will continue working closely with health officials to evaluate if the order should be extended another two weeks or allowed to expire based on medical guidance and current COVID-19 cases in our schools and community.

A Message from Dr. McFarland: Temporary Mask Mandate



MEDICAL GUIDANCE

This decision is based on recent medical guidance received this week from doctors, scientists and health experts as the Delta variant of COVID-19 spreads rapidly.

In [this letter from more than 100 physicians at Cook Children's Health Care System](#), doctors strongly encouraged universal masking in Tarrant County schools, saying, "The rapid increases in COVID-19 cases, hospitalizations and deaths locally and throughout the U.S. in recent weeks are alarming and require an appropriate response."

The **CDC** and **American Academy of Pediatrics** both also strongly encourage masking for all students and staff.



LEGAL GUIDANCE

This decision is also based on legal guidance from the school district's attorneys and other legal experts who say that the Texas governor's order banning mask mandates in public schools was an executive overreach and violation of federal law, and that school districts have local control and authority to follow medical guidance to require masks.

Crowley ISD intends to exercise our legal right to challenge the governor's executive order in a court of law. We believe it is important that we stand up for the safety of our most vulnerable.

Superintendent McFarland said he and the Crowley ISD Board of Trustees are responsible for protecting our schools and community, and that this mask requirement has the school board's full support.

"It has been proven that when masks are worn, the likelihood of transmission of COVID-19 is reduced dramatically," McFarland said. "We recognize that enforcing this action has been both politicized and made much more difficult than before, but we still believe that it is our responsibility to ensure the safety of the students we serve and each other."

ENFORCEMENT

With prior mandates, we had significant success with mask wearing. However, if students, staff or visitors choose not to comply with the temporary mandate, we will use progressive discipline until compliance is achieved.



If an individual does not have a mask, they will be given one by the school/office or allowed to retrieve one. If they refuse this option, they will not be allowed entry into Crowley ISD buildings or buses until compliance is achieved.

Staff members who choose not to comply will be required to use their leave days or risk having their pay docked.

MEDICAL EXEMPTIONS

Individuals with **proof of a medical exemption** for wearing face masks will be permitted to wear face shields.

ADDITIONAL PROTOCOLS

In addition to requiring masks, Crowley ISD will perform **contact tracing and notification of COVID cases** in a manner deemed most effective by the CISD Director of Health Services while protecting the confidentiality of individuals and their healthcare information.

Please click the button below to learn more in our [Safe Return Plan](#).

CROWLEY ISD SAFE RETURN PLAN

Learn more about COVID vaccinations, rapid testing, sanitizing and more in our updated protocols.



You are receiving this email because of your relationship with Crowley ISD. If you wish to stop receiving email updates sent through the Blackboard service, please [unsubscribe](#).
Crowley ISD | [512 Peach Street, Crowley, TX 76036](#) | 817-297-5800

Daniel Olivas <d.olivas1@gmail.com>
To: Anthony Kirchner <anthony.kirchner@crowley.k12.tx.us>

Wed, Aug 11, 2021 at 2:54 PM

This is complete trash of the district to do this last minute without even a public say-so involved. This is baseless as you don't have a report of even one student with covid, since the school year has not even started. Our kids went through hell the last year and a half and they DESERVE to have as normal a school year as possible. Covid is NO RISK to students whatsoever. Demonstrably LESS than the annual flu. You will NOT dictate to us what is best for OUR kids anymore. Our kids will not be sent to school with masks. Period. Enough is enough, and it was enough a long time ago.

Daniel Olivas
[Quoted text hidden]

Kirchner, Anthony L <anthony.kirchner@crowley.k12.tx.us>
To: Daniel Olivas <d.olivas1@gmail.com>

Thu, Aug 12, 2021 at 9:16 AM

Mr. Olivas,

I understand your frustration, but I also wanted you to know that we do in fact already have students who have tested positive for COVID this school year in band camp, athletics and other organizations that have been meeting for several weeks. And the number of cases among teachers and staff are rapidly increasing, on the same pace as last year's peak. Yesterday alone, we had 10 new positive adult cases. Doctors tell us to prepare for more cases since this Delta variant is more contagious and is impacting children more severely than the first COVID strand.

Our COVID dashboard that tracks confirmed cases goes live today on our website. You can watch there for updates.

Stay well,

Anthony Kirchner
Executive Director of Communications and Marketing
Crowley ISD

8/18/2021

Gmail - New! CISD Mask Requirement

Case 4:21-cv-01162-P Document 1-1 Filed 10/21/21 Page 78 of 331 Exhibit 2 p. 12

817.297.5281 (office)
972.754.1949 (cell)



From: Daniel Olivas [mailto:d.olivas1@gmail.com]
Sent: Wednesday, August 11, 2021 2:54 PM
To: Kirchner, Anthony L <anthony.kirchner@crowley.k12.tx.us>
Subject: Re: New! CISD Mask Requirement

CAUTION: This email originated from outside Crowley ISD District. Do not click links or open attachments unless you recognize the sender and know the content is safe.


This is complete trash of the district to do this last minute without even a public say-so involved. This is baseless as you don't have a report of even one student with covid, since the school year has not even started. Our kids went through hell the last year and a half and they DESERVE to have as normal a school year as possible. Covid is NO RISK to students whatsoever. Demonstrably LESS than the annual flu. You will NOT dictate to us what is best for OUR kids anymore. Our kids will not be sent to school with masks. Period. Enough is enough, and it was enough a long time ago.

Daniel Olivas

On Wed, Aug 11, 2021 at 2:23 PM Anthony Kirchner <anthony.kirchner@crowley.k12.tx.us> wrote:

Check out CISD Mask Update: <https://www.smores.com/7zs6g>



 Image removed by sender. CROWLEY ISD SAFE RETURN PLAN Learn more about COVID vaccinations, rapid testing, sanitizing and...



[Quoted text hidden]

Daniel Olivas <d.olivas1@gmail.com>

Thu, Aug 12, 2021 at 11:53 AM

To: "Kirchner, Anthony L" <anthony.kirchner@crowley.k12.tx.us>

Mr Kirchner;

So those children are continuing to attend, or are they being held out? Obviously it is the latter and they are not a threat to infect anyone else.

The adults should have been able to get the vaxx by now and if they havent then they do not want it and are confident in their own bodies immune response either through good health or previous infection.

It is obvious that this is a 100% political decision, throwing in with the likes of DISD and FWISD against the "vile" Gov Abbott. Clearly you are not going to be lifting the "temporary" mask mandate. I will be moving to pull my kids from the district immediately as it is readily apparent that you do not care at all what a parents rights are to decide what is best for their own children. Not to mention the direct defiance of Gov Abbot's EO and the example that sets for our children... except the bit about rebelling against irrational beurocratic overreach - Im in favor of that, although that would be a bit of a "pot and kettle" situation now, wouldnt you say?

This has gone on FAR long enough and it should be obvious to anyone paying attention that no one will be "getting rid" of covid, and living with it does not necessitate measures that we do not and have not taken for any other seasonal respiratory disease.

All that being said, I do appreciate you taking the time to respond.

I hope that CISD will come to their senses and stop perpetuating the issue by continuing to enforce unnecessary and unnatural mandates.

Regards,
Daniel Olivas

[Quoted text hidden]

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Daniel Olivas <d.olivas1@gmail.com>
To: Samantha Olivas <s.olivas88@gmail.com>

Thu, Aug 12, 2021 at 12:14 PM

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FIVE-STAR SERVICE
How was my service today?

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Daniel Olivas <d.olivas1@gmail.com>
To: Devynclaybourn@gmail.com

Wed, Aug 18, 2021 at 9:37 AM

[Quoted text hidden]

DECLARATION

(TEX. CIV. PRAC. & REM. CODE § 132.001)

My name is Lisa Brown; my birthdate is March 19, 1985; and my address is 9301 Friendswood Dr. Fort Worth, TX 76123.

I declare under penalty of perjury that the following statements are true and correct.

1. I have a child who attends public school at: Summer Creek Middle School and North Crowley High School in Crowley ISD. My daughter is 12 years of age and my son is 15 years of age.
2. I have experience with the way that my school's mask policy has been enforced, including: wearing face coverings on all Crowley ISD premises/property, during all classes and buildings, events or activities associated with Crowley ISD.
3. The above-described policy or action is damaging to me and my child because: CISD purposely waited until the eve of the 2021-2022 school year to begin to implement this unlawful mask mandate that put not only the parents but the children in a position to where they had to choose whether to go back to "some" sort of normalcy or or choose not to get an education. I have a daughter who has learning disabilities; dyslexia and ADHD and my son has asthma and seasonal allergies (which can flare up and cause an asthma attack). Both my children have been affected by this mandate that has caused them health issues as well as mental health issues. Depression and anxiety has set in for both children as well as their self confidence is at an all time low. My daughter has gotten a face rash from wearing a mask 8 hours a day while sweating and

breathing in her own carbon dioxide. My children have come home each day with severe headaches, nausea, even dizziness. My daughter was feeling sick, light headed and started to see stars so she took her mask down. The teacher called her out telling her to put her mask back on or he would kick her out of class. She told him she felt sick and she felt like she was going to pass out, he then yelled at her to put her mask back on, which she did not so he called the administrators to take her out of class. An administrator came and took her out of class and put her in a separate room from her classmates. I never got a phone call from the school, an email or any form of communication, I actually received a text from my daughter telling me what happened. When I picked her up from school she was crying and told me what happened, how the teacher yelled at her and how they separated her from her classmates. Two days later I finally received a call from the school trying to cover their tracks and trying to change the account of what happened, in order to "please me" they offered my daughter a "free nurse's pass" so that if my daughter ever feels like she can't breathe she can go to the nurse's office to breathe fresh air and sip on water! My son experienced a day where he was having issues breathing and pulled his mask down to catch his breath and was belittled by his teacher and threatened to be kicked out of school if he did not do as they said. He experienced teachers and administrators yelling in the hallway for children to pull their masks up over their nose, meanwhile these adults were not even wearing masks at all. My children have been belittled, talked down too, yelled at, threatened and

segregated from their peers and classmates. My children are suffering wearing masks 8 hours a day while breathing in their own carbon dioxide, sweating and causing the mask to become wet and moist which promotes the growth of microorganisms. Wearing these masks are reducing my children's oxygen intake, causing physical/health issues, as well as mental issues.

By signing this declaration, I am giving permission for it to be used in litigation concerning masks in any Texas case.

Executed in Tarrant County, State of Texas on September 14, 2021.

signed:



printed name:

Lisa Brown (Jane Doe)



REPRESENTATION AND RETAINER AGREEMENT

NAME

FULL ADDRESS (INCLUDE CITY, TX, ZIP)

Type your two best phone numbers.

Type your email address here.

Re: Litigation – Illegal Restriction of Mask-Related Public School Issues

Dear Client:

We are pleased that you have selected Norred Law, PLLC (the “Firm”) to represent you. This letter will outline the basis upon which the Firm has agreed to provide legal representation to you in connection with the matter described above.

The Firm will act on your behalf in accordance with customary professional standards at all times. However, you should understand that (1) any opinions we express on the outcome of your legal matters will be based on our best professional judgment but are not guarantees and will be limited by our knowledge of the facts and subject to changes in the law; (2) the Firm makes no representation concerning the successful outcome of any legal matters undertaken by the Firm; and (3) we cannot guarantee that your goal will be accomplished.

BILLING - It is the Firm’s policy to undertake representation only after we have received a deposit in the agreed amount as a retainer. In this case, a number of people are contributing toward the fees on your behalf. We have agreed to begin working on this case based on an initial payment of \$10,000. You recognize that you are expected to assist as you reasonably can to pay or cooperate to assist in raising funds for fees, but that is the full expectation. However, if insufficient funds are available, the Firm can and will act to end the litigation based on Firm goals. Current hourly rates range for attorneys from \$225-\$450 and \$90-150 for paralegals. When these are reviewed and adjusted, you will be given notice. We keep time in no less than six-minute increments.

VENUE - This Agreement is performable in Arlington, Tarrant County, Texas, and wherever convenient for the Firm. Client and Firm agree that any dispute developing between them must be resolved in a court located in Tarrant County.

DEPOSITS AND RETAINERS - The Firm places all deposits, including retainers, in trust accounts. By court rule, the Firm must place received deposits in a State Bar of Texas Interest on Lawyers' Trust Account if not expected to earn a net return, taking into consideration the size and anticipated duration of the deposit and the transaction costs. Interest earned on the pooled account will be paid to the Texas Equal Access to Justice Foundation.

ACCOUNT - Our representation is based on having sufficient funds such that the fees collected are sufficient to continue. If this case is not sufficiently funded, the Firm will discuss with Client optional methods of funding for this case, and if no other source of funding is located, Client agrees that the Firm can determine in its own discretion how to resolve the case.

TERMINATION - You may terminate representation at any time, with or without cause, by notifying the Firm in writing. If this occurs, the Firm will provide a copy of your case file to you.

WITHDRAWAL - Attorneys of the Firm are subject to the Texas Disciplinary Rules of Professional Conduct, which list several circumstances that allow or require attorneys to withdraw from representing a client, including nonpayment of fees or costs, misrepresentation, or failure to disclose material facts, actions contrary to the attorney's advice, and conflict of interest with another client. The Firm tries to identify in advance and discuss with a client any situation that may lead to the Firm's withdrawal, and if withdrawal becomes necessary, the Firm will give the client immediate written notice.

NOTICE AND WAIVER OF POTENTIAL CONFLICTS – The Firm represents many clients, many of which may have overlapping interests in the same industry, but will not represent clients when an actual direct conflict exists or arises. This practice allows us to obtain more experience in specific industries. As a condition to our undertaking this engagement and representing you, you agree to give consent to our representation of both you and your competitors, except if such representation involves a direct conflict. For example, the Firm files trademark applications for restaurant services for many restaurants, which conceivably compete for the same clients, but would not file the same mark that the Firm has already filed for another client. In such cases, the Firm will inform you of the actual conflict and assist you to avoid expending funds on registration efforts that the Firm believes will be unlikely to be successful.

STORED DOCUMENTATION – Norred Law uses on-site and cloud-based electronically stored information (ESI), both to record client and matter information to provide better service to you. Client agrees to the Firm's use of ESI to store and transmit data, and you acknowledge the benefits and inherent risks associated with email. You are responsible for providing the firm with a secure email address and understand the Firm is not responsible for the security of your email address. We cannot serve you properly if you do not respond to our email communications timely. Generally, documents are destroyed after a period of five years following the conclusion of your case. You are responsible for requesting your case files prior to destruction.

TAX ACKNOWLEDGEMENT – The client is advised to obtain independent and competent tax advice regarding legal matters since legal transactions can give rise to tax consequences. The client should have a certified public accountant or tax attorney determine if the legal work that is to be performed under this agreement has or may have tax implications or consequences to the client or any of the client's interests. The undersigned law office and attorney have not agreed to render any tax advice and are not responsible for any advice regarding tax matters or preparation of tax returns, or other filings, including, but not limited to, state and federal income tax returns.

PERFORMANCE – The parties agree that Client will not be liable to pay the Firm for extraordinary results, but neither will the Firm be responsible for negligent errors. The parties agree that this agreement does not include a guarantee of perfect performance and barring a deliberate mistake, client may choose to terminate the relationship or continue with the Firm, but will not file a grievance or complaint based on negligence.

PUBLICITY – This suit lends itself naturally to publicity issues; the parties will cooperate regarding any media exposure. You agree that the Firm has authority to discuss this suit publicly.

FEE SHARING – You recognize and accept that the Firm may employ outside attorneys on this matter and will share fees accordingly.

Signing this document indicates you have read all three pages of this agreement and accept its terms, you have asked questions about anything you were not confident that you understood, and you also agree that you have been encouraged to seek other opinions for an evaluation of this Agreement before you signed it.

We want you to understand this document before you sign it!

There is also a declaration below in which you can “tell your story” in a way helpful to the suit. Please fill this out and include all the details. You will need to print off the signature page and fax it to me, or text it to my cell, so I can add it to your declaration.

I will assume that I can speak to any interested party about this litigation unless you tell me otherwise.

If you have any questions, please call our office at (817) 704-3984.

Sincerely yours,

Norred Law, PLLC

/s/Warren V. Norred

Warren V. Norred, Texas Bar No. 24045094, wnorred@norredlaw.com

C. Chad Lampe, Texas Bar No. 24045042, chad@norredlaw.com

515 E. Border, Arlington, TX 76010

O. (817) 704-3984, F. (817) 524-6686

SIGNED AND ACCEPTED this August 20th, 2021:

Daniel Olivas

Client's Name (printed)

Click here to enter text.

2nd Client's Name (printed)

Client's Name (signed)

2nd Client's Name (signed)

DECLARATION
(TEX. CIV. PRAC. & REM. CODE § 132.001)

My name is Daniel Olivas; my birthdate is August 8th, 1986 ; and my address is 1116 Patrick St. Crowley, Texas 76036.

I declare under penalty of perjury that the following statements are true and correct.

1. I have a child who attends public school at: SH Crowley Elementary School, Crowley Independent School District and Richard Allie Middle School Crowley Independent School District. E.O. (11 6th grade), M. O. (5th grade).
2. I have experience with the way that my school's mask policy was enforced in the past, including: Last year, 2020-21 school year, we elected to keep our children home for virtual only learning through Connections Academy – accredited out of Houston Texas as a Texas Public School. The effect of the lockdown and isolation with the virtual environment were observably detrimental to my children so once we were able we sent them back to on-campus learning in the mask-required environment of Covid-19 fall 2020 – 21 where they quickly returned to their “A” student statuses. Caution was warranted and indeed masking was required by executive order of the Governor at that time, even though we may have still personally disagreed with it. This school year Crowley ISD Board of Trustees and Superintendent decided to unlawfully require a mask mandate of all students, staff and visitors in ISD facilities in violation of GA-38.

3. The above-described policy or action is damaging to me and my child because: It is in direct violation of a lawful executive order (GA-38), the same strength of which was

acquiesced to the year previous under the mask mandate. This not only teaches our children that laws should only be followed when they are agreed with, but more importantly undermines my ability as a parent to decide what is in the best interest for the health and well being of my own children. Crowley ISD Board of Trustees and Superintendent knowingly collaborated to undermine and circumvent the Governor's executive order by adding a clause to the school year's dress code, "The school district reserves the right to require masks, face coverings, and/or face shields to the student dress code."

4. My child's school is requiring face coverings of students although there is no specification for the face covering. In spite of the nearly equal amount of spread of Covid-19 between mask-mandate and mask-optional ISDs in Texas, it is irrational and an egregious mismanagement of ISD resources and focus for this district to occupy itself with fighting our Governor, rather than educating our children.

Executed in Tarrant County, State of Texas on August 23, 2021.

signed: 

printed name: Daniel Olivas

DECLARATION

(TEX. CIV. PRAC. & REM. CODE § 132.001)

My name is Sara Anderson; my birthdate is November 15th 1983; my address is 2803 Forest Creek Dr Fort Worth TX 76123. I declare under penalty of perjury that the following statements are true and correct:

1. I have a child who attends public school at: David L Walker Elementary D.A. age 8 J.A. age 6 and M.A. age 3.
2. I have experience with the way that my school's mask policy was enforced in the past, including: My children did virtual all year last school year because I did not agree to mask them all day.
3. The above-described policy or action is damaging to me and my child because: My son J.A. has asthma and sensory processing disorder. The mask is also affecting J.A.'s learning to read. My children beg me every day to not drop them off at school. They all try to get me to let them stay home in fear of going to school. It is affecting me because I see the anxiety and stress in my children since the mandate started. They cry every day and have emotional outbursts at home.
4. My child's school is requiring face coverings of students although there is no specification for the face covering. I had a conversation with the principal on 8/12 about my children being told they would be in big trouble if they did not wear a mask. The principal told me if it keeps up and my children do not wear a mask she will have to put them in a well room all alone.

Executed in Tarrant County, State of Texas on August 22, 2021.

signed: /s/Sara Anderson

printed name: Sara Anderson

DECLARATION

(TEX. CIV. PRAC. & REM. CODE § 132.001)

My name is Mysti Shain; my birthdate is February 23, 1979 ; and my address is 12301 Kerrison Way Apt. 217, Fort Worth, Texas 76036

I declare under penalty of perjury that the following statements are true and correct.

1. I have a child who attends public school at: North Crowley High School which is A.S. a part of the Crowley Independent School District. My child, [REDACTED] is 14 years old.

2. I have experience with the way that my school's mask policy was enforced in the past, including: how they pulled the rug out from under the students and their parents by enforcing a mask mandate for all students starting the first day of school. Even though previously at the student/teacher open house prior to the first day, masks were NOT mandated, only encouraged. What made matters worse, is that the notice only came on the night prior to the first day, therefore, not giving any parents the right and ability to push back against the school districts unfair ruling, which directly violated Governor Greg Abbott's recent Executive Order which under any circumstances did not allow for any governmental entities from imposing a mask mandate upon their citizens, including schools and their students.

3. The above-described policy or action is damaging to me and my child because: the result of the policy has been damaging to the relationships of the students, creating resentment between students and other students as well as teachers. Giving people paranoia as to who may be sick or not. As well as damaging to my child's health where

it is difficult for her to breathe and be alert. It is also difficult for her learning when it impairs her ability to see the person speaking and even hear the person fully.

4. My child's school is requiring face coverings of students although there is no specification for the face covering. Additionally, they are picking and choosing which rules to follow. They're enforcing masks but not enforcing social distancing as the cafeteria is jam logged with students, drinking fountains are wide open for drinking, writing tools or other materials are not being sanitized after use between students and teachers. If all precautions are not going to be taken then there is absolutely no point to enforcing masks and causing issues between students and parents alike.

Executed in Tarrant County, State of Texas on August 23, 2021.

signed: Mysti Shain

printed name: Mysti Shain

Declaration of Melanie F. Webb, PsyD

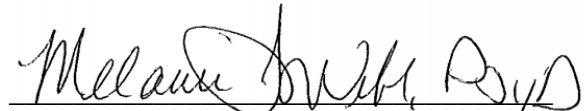
My name is Melanie F. Webb, PsyD. My date of birth is June 14, 1969. My business address is 985 IH 10, North, Ste. 110G, Beaumont, TX 77706. I declare under penalty of perjury that the following statements are true and correct:

1. My name is Melanie F. Webb, PsyD. I am a clinical psychologist specializing in forensic practice and licensed to practice by the Texas State Board of Examiners of Psychologists. I am a multigenerational native Texan, born and raised in the Beaumont area and graduated from Lumberton High School in 1987. I have been practicing since 2004, when I received my Doctor of Psychology from the Colorado School of Professional Psychology.
2. I am currently in private practice in Beaumont. Prior to opening my practice, I served for four years as a staff psychologist for the Texas Department of Public Safety in Austin. I also served as Psychological Services Manager for Tarrant County Juvenile Probation Department Chief Psychologist of the Adult Psychiatric Unit of the Austin State Hospital, and the Clinical Director of the Corsicana Stabilization of the Texas Youth Commission. I have performed more than a thousand forensic evaluations and assisted in hundreds of juvenile procedures as well as worked with many children and adolescents in therapy.
3. I am writing this declaration to share my professional opinions regarding the use of face coverings in schools by school-age children and their negative impact on children.
4. At the beginning of the COVID-19 era, the short-term use of masks to “flatten the curve” and “take the pressure off frontline healthcare workers” did not pose a significant risk or damage. However, in the last year, the protracted use of masks has been disastrous for the mental health of children.
5. The proper socialization of children in school settings requires open communication between teachers and students. Use of face coverings has an isolating effect between humans who communicate non-verbally with their facial expressions, which acts to confirm the attitude and tone given by oral communications and other physical signals. For example, a teacher who is smiling at a student from many yards away gives a sense of welcome and security to a shy child who may be struggling to fit in. That smile and other signals that human communication employs routinely is eliminated in a mask setting. The natural impact of face coverings is to therefore raise uncertainty

between students and teachers, as well as eliminating the natural lip-reading that all humans do when confirming what they are hearing.

6. In addition to the risks for decreased socialization of children, masks are likely to either cause emotional distress resulting in anxiety and/or depression or they will exacerbate symptoms of a pre-existing mental health condition. This occurs, in part, due to the negative impact on the socialization aspect of school, but simply feeling as though one's breathing is restricted, in and of itself, can trigger anxiety attacks as well as post-traumatic stress response in any child who has experience certain types of trauma.
7. The impact of face coverings in school-age children over the COVID era has been a factor in the increased negative indicators for children. Childhood suicide and depression has skyrocketed in the last two years, as well as anxiety and stunted social and language development.

Executed in Jefferson County, State of Texas on September 20, 2021.


Melanie F. Webb, PsyD

Declaration of Dr. Angelina Farella

My name is Dr. Angelina Farella. My date of birth is August 5th, 1969. My business address is 425 Henrietta St, Webster, TX 77598, in Harris County, Texas.

I declare under penalty of perjury that the following statements are true and correct:

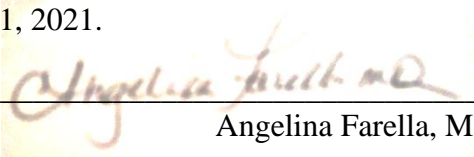
1. I am a board-certified pediatrician and have been practicing in this area for more than 25 years. I am a member of multiple professional medical associations, including the Harris County Medical Society, American Academy of Physicians and Surgeons, and Texas Medical Association.
2. I operate my practice in Webster, Texas, known as "A Brighter Tomorrow Pediatrics" and have been honored as a Leader in Healthcare, receiving a "Doctor of Excellence Award in 2014, represented the Texas Medical Association as a delegate since 2015, and have previously served as the Chief Pediatric Resident at University of Texas Medical Branch, Galveston, TX.
3. I have treated hundreds of COVID-19 patients. My experience reflects the collected statistics that children have a 99.997% survivability rate. That is before any active treatment. There exists no accurate study that indicates children materially spreads the virus.
4. In my practice, I have become experienced and knowledgeable about strategies to prevent COVID-19, including face coverings by children, and spoken publicly on this issue multiple times, including testimony to the Texas Senate.
5. Mask usage is not necessary for children. It is well-known that Sweden has more than a million school-age minors, but the school system employed mild social distancing and no masks, and had zero deaths from COVID-19. A good synopsis regarding this experience was printed in the New England Journal of Medicine on January 6, 2021, titled "Open Schools, Covid-19 and Child and Teacher Morbidity in Sweden," which includes this summary:

“Despite Sweden’s having kept schools and preschools open, researchers have found a low incidence of severe Covid-19 among schoolchildren and children of preschool age during the SARS-CoV-2 pandemic...No child with Covid-19 died...Among the 1,951,905 million children who were 1 to 16 years of age, 15 children had Covid-19, MIS-C, or both conditions and were admitted to an ICU, which is equal to 1 child in 130,000.”¹
6. I am aware that medically fragile children exist and are particularly vulnerable to COVID-19. However, these children are just as likely to be damaged by the common flu, which for minors is more lethal.

¹ Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden, N Engl J Med 2021; 384:669-671
DOI: 10.1056/NEJMc2026670, <https://www.nejm.org/doi/full/10.1056/NEJMc2026670> (checked Aug. 25, 2021).

7. Continuous and ongoing mask use with children is damaging to the health of children, increasing the carbon dioxide intake far beyond the usual 400 ppm one might experience unmasked in the open; one study collected results showing the incoming air inhaled by masked children to be 6000 ppm to 25000 ppm carbon dioxide.²
8. Mask use by children has resulted in many increased physical issues, including fatigue and impaired learning, but also sociological damage. The impact of isolation due to masking is part of the increased mental health issues including anxiety, eating disorders, depression and suicide in children during the COVID-19 era.

Executed in Harris County, State of Texas on September 21, 2021.


Angelina Farella, MD

² Walach H, Weikl R, Prentice J, et al. Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children: A Randomized Clinical Trial. *JAMA Pediatr*. Published online June 30, 2021. doi:10.1001/jamapediatrics.2021.2659 (last checked August 12, 2021).

Declaration of Peter McCullough, M.D., M.P.H.

My name is Peter McCullough. My date of birth is December 29, 1962. My business address is 5231 Richard, Dallas, TX 75206, in Dallas County, Texas. I declare under penalty of perjury that the following statements are true and correct:

1. After receiving a bachelor's degree from Baylor University, I completed my medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. I went on to complete my internal medicine residency at the University of Washington in Seattle, a cardiology fellowship including service as Chief Fellow at William Beaumont Hospital, and a master's degree in public health in the field of epidemiology at the University of Michigan. My full curriculum vitae is attached as Exhibit A.

2. I am board-certified in internal medicine and cardiovascular disease and hold an additional certification in clinical lipidology, and previously echocardiography. I participate in the maintenance of certification programs by the American Board of Internal Medicine for both Internal Medicine and Cardiovascular Diseases. I am on the medical staff at Baylor University Medical Center and Baylor Jack and Jane Hamilton Heart and Vascular Hospital, in Dallas, Texas. I am also on staff at Baylor Heart and Vascular Institute, which promotes cardiovascular research and education. I practice internal medicine and clinical cardiology as well as teach, conduct research, and I am an active scholar in medicine with roles as an author, editor-in-chief of two peer-reviewed journals, editorialist, and reviewer at dozens of major medical journals and textbooks.

3. I have led clinical, education, research, and program operations at major academic centers (Henry Ford Hospital, Oakland University William Beaumont School of Medicine) as well as academically oriented community health systems. I spearheaded the clinical development of in vitro natriuretic peptide and neutrophil gelatinase associated lipocalin assays in diagnosis,

prognosis, and management of heart and kidney disease now used worldwide. I also led the first clinical study demonstrating the relationship between severity of acute kidney injury and mortality after myocardial infarction. I have contributed to the understanding of the epidemiology of chronic heart and kidney disease through many manuscripts from the Kidney Early Evaluation Program Annual Data Report published in the American Journal of Kidney Disease and participated in clinical trial design and execution in cardiorenal applications of acute kidney injury, hypertension, acute coronary syndromes, heart failure, and chronic cardiorenal syndromes. I participated in event adjudication (involved attribution of cause of death) in trials of acute coronary syndromes, chronic kidney disease, heart failure, and data safety and monitoring of antidiabetic agents, renal therapeutics, hematology products, and gastrointestinal treatments. I have served as the chairman or as a member of over 20 randomized trials of drugs, devices, and clinical strategies. Sponsors have included pharmaceutical manufacturers, biotechnology companies, and the National Institutes of Health.

4. I frequently lecture and advise on internal medicine, nephrology, and cardiology to leading institutions worldwide. I am recognized by my peers for my work on the role of chronic kidney disease as a cardiovascular risk state. I have over 1,000 related scientific publications, including the “Interface between Renal Disease and Cardiovascular Illness” in Braunwald’s Heart Disease Textbook. My works have appeared in the New England Journal of Medicine, Journal of the American Medical Association, and other top-tier journals worldwide. I am a senior associate editor of the American Journal of Cardiology. I have testified before the U.S. Senate Committee on Homeland Security and Governmental Affairs, the U.S. Food and Drug Administration Cardiorenal Advisory Panel and its U.S. Congressional Oversight Committee, The New

Hampshire Senate, the Colorado House of Commons, and the Texas Senate Committee on Health and Human Services.

5. I am a Fellow of the American College of Cardiology, the American Heart Association, the American College of Physicians, the American College of Chest Physicians, the National Lipid Association, the Cardiorenal Society of America, and the National Kidney Foundation. I am also a Diplomate of the American Board of Clinical Lipidology.

6. In 2013, I was honored with the International Vicenza Award for Critical Care Nephrology for my contribution and dedication to the emerging problem of cardiorenal syndromes. I am a founding member of Cardiorenal Society of America, an organization dedicated to bringing together cardiologists and nephrologists and engage in research, improved quality of care, and community outreach to patients with both heart and kidney disease.¹

7. I am the current President of the Cardiorenal Society of America, an expert organization dedicated to advancing research and clinical care for patients who have combined heart and kidney disease. I am the Editor-in-Chief of Cardiorenal Medicine, a primary research journal listed by the National Library of Medicine which is the only publication with a primary focus on research concerning patients with combined heart and kidney disease. Finally, I am the Editor-in- Chief of Reviews in Cardiovascular Medicine, a widely read journal that publishes reviews on contemporary topics in cardiology and is also listed by the National Library of Medicine.

8. My appended curriculum vitae further demonstrates my academic and scientific achievements and provides a list of publications authored by me in the past 30 years.

9. Since the outset of the pandemic, I have been a leader in the medical response to the COVID-19 disaster and have published “Pathophysiological Basis and Rationale for Early

¹ <http://www.cardiorenalsociety.org/>

Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection,” the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the American Journal of Medicine and updated in Reviews in Cardiovascular Medicine.² I have 45 peer-reviewed publications on the COVID-19 infection cited in the National Library of Medicine. Through a window to public policymakers, I have contributed extensively on issues surrounding the COVID-19 crisis in a series of OPED’s for The Hill in 2020. I testified on the SARS-CoV-2 outbreak in the U.S. Senate Committee on Homeland Security and Governmental Affairs on November 19, 2020. I testified on lessons learned from the pandemic response in the Texas Senate Committee on Health and Human Services on March 10, 2021, and on early treatment of COVID-19 at the Colorado General Assembly on March 31, 2021. Additionally, I testified in the New Hampshire Senate on legislation concerning the investigational COVID-19 vaccine on April 14, 2020. My expertise on the SARS-CoV-2 infection and COVID-19 syndrome, like that of infectious disease specialists, is approximately 18 months old with the review of hundreds of manuscripts and with the care of many patients with acute COVID-19, post-COVID-19 long-hauler syndromes, and COVID-19 vaccine injury syndromes including neurologic damage, myocarditis, and a variety of other internal medicine problems that have occurred after the mRNA and adenoviral DNA

² McCullough PA, Kelly RJ, Ruocco G, Lerma E, Tumlin J, Wheelan KR, Katz N, Lepor NE, Vijay K, Carter H, Singh, B, McCullough SP, Bhambi BK, Palazzuoli A, De Ferrari GM, Milligan GP, Safder T, Tecson KM, Wang DD, McKinnon JE, O'Neill WW, Zervos M, Risch HA. Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection. Am J Med. 2021 Jan;134(1):16-22. doi: 10.1016/j.amjmed.2020.07.003. Epub 2020 Aug 7. PMID: 32771461; PMCID: PMC7410805 available at <https://pubmed.ncbi.nlm.nih.gov/32771461/>; McCullough PA, Alexander PE, Armstrong R, Arvinte C, Bain AF, Bartlett RP, Berkowitz RL, Berry AC, Borody TJ, Brewer JH, Brufsky AM, Clarke T, Derwand R, Eck A, Eck J, Eisner RA, Fareed GC, Farella A, Fonseca SNS, Geyer CE Jr, Gonnering RS, Graves KE, Gross KBV, Hazan S, Held KS, Hight HT, Immanuel S, Jacobs MM, Ladapo JA, Lee LH, Littell J, Lozano I, Mangat HS, Marble B, McKinnon JE, Merritt LD, Orient JM, Oskoui R, Pompan DC, Procter BC, Prodromos C, Rajter JC, Rajter JJ, Ram CVS, Rios SS, Risch HA, Robb MJA, Rutherford M, Scholz M, Singleton MM, Tumlin JA, Tyson BM, Urso RG, Victory K, Vliet EL, Wax CM, Wolkoff AG, Wooll V, Zelenko V. Multifaceted highly targeted sequential multidrug treatment of early ambulatory high- risk SARS-CoV-2 infection (COVID-19). Rev Cardiovasc Med. 2020 Dec 30;21(4):517 doi: 10.31083/j.rcm.2020.04.264. PMID: 33387997 available at <https://pubmed.ncbi.nlm.nih.gov/33387997/> (checked August 25, 2021).

COVID-19 vaccines. I have formed my opinions in close communications with many clinicians around the world based on in part our collective clinical experience with acute and convalescent COVID-19 cases as well as closely following the preprint and published literature on the outbreak. I have specifically reviewed key published rare cases and reports concerning the possible recurrence of SARS-CoV-2 in patients who have survived an initial episode of COVID-19 illness.

10. My compensation rates are as follows: I am working on this case Pro Bono.

As to my expert opinion:

Methodologies and Analysis of COVID-19 Generally

11. We are currently in the “Delta” outbreak where the US CDC has indicated that 83% of all cases of COVID-19 by sequencing analysis is attributed to this form of SARS-CoV-2. (www.cdc.gov)

12. Further, according to my research, herd immunity is calculated by a specific formula, as follows: $((CC*6) + V + (.15*P)) \div P = HIN$.

CC= COVID-19 cases in the state

6= the current CDC multiplier³

V= number of vaccinated in the state

15% = the number of people in a given state that will not get COVID-19

P=Population of a state

HIN=Herd Immunity Totals

By this method of calculation, the United States has achieved herd immunity, meaning that the total of this calculation exceeds 100%. As vaccines continue to fail, we can expect cases of COVID-19 and the meaning of herd immunity applies to spread. Despite expected incidents and prevalent cases, my opinion is that this spread will be minimized and there will be no more large outbreak curves as the country experienced in November through early January before the advent

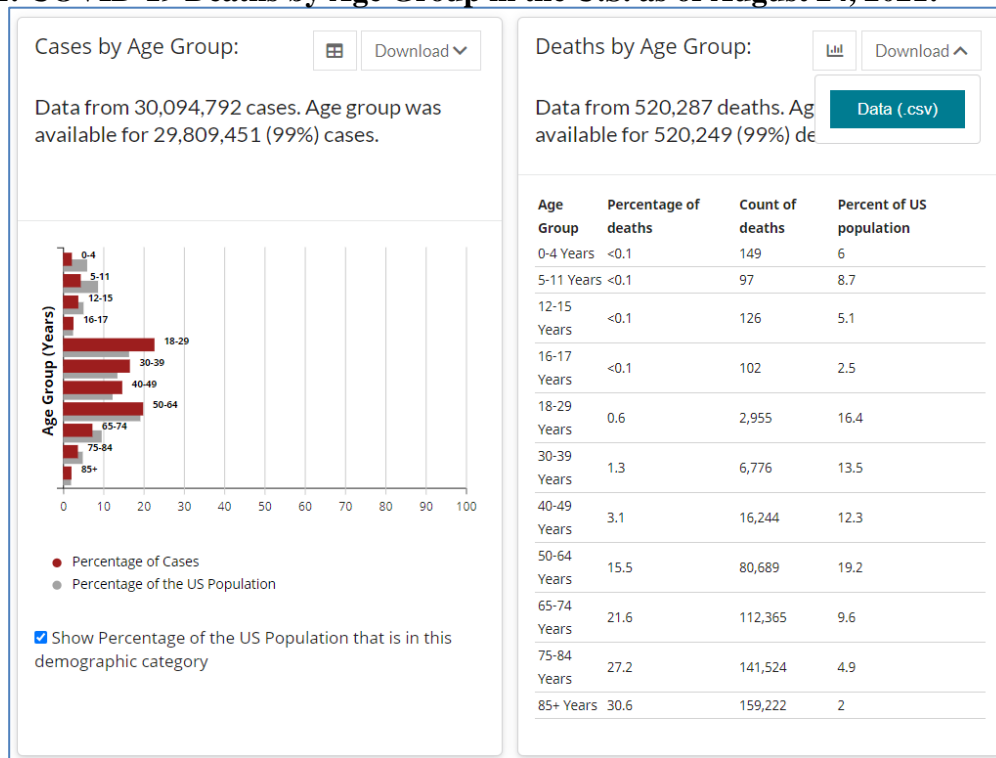
³ Centers for Disease Control and Prevention, Estimated Disease Burden of COVID-19 (May 19, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html>

of widely deployed early treatment protocols. Because the randomized trials of all COVID-19 vaccines revealed $< 1\%$ absolute risk reductions, and the recent observation of widespread failure of COVID-19 vaccines in countries such as Israel which has a substantial population vaccinated early the pandemic, we can expect more vaccine failures in the United States and no fundamental impact of mass vaccination on the epidemic curves.

Children and Adolescents and COVID-19

13. In addition, in my expert medical opinion and as Table 1 below shows, there is little to no risk for serious injury or hospitalization for COVID-19 among children and adolescents.

Table 1: COVID-19 Deaths by Age Group in the U.S. as of August 24, 2021:



Source: <https://covid.cdc.gov/covid-data-tracker/#demographics> (checked Aug. 25, 2021).

14. Further, the CDC has released charts depicting the risks by age, as shown below.

Risk for COVID-19 Infection, Hospitalization, and Death By Age Group									
Updated July 19, 2021 Print									
Rate ratios compared to 18- to 29-year-olds ¹									
	0-4 years old	5-17 years old	18-29 years old	30-39 years old	40-49 years old	50-64 years old	65-74 years old	75-84 years old	85+ years old
Cases²	<1x	1x	Reference group	1x	1x	1x	1x	1x	1x
Hospitalization³	<1x	<1x	Reference group	2x	2x	4x	6x	9x	15x
Death⁴	<1x	<1x	Reference group	4x	10x	35x	95x	230x	600x

All rates are relative to the 18- to 29-year-old age category. This group was selected as the reference group because it has accounted for the largest cumulative number of COVID-19 cases compared to other age groups. Sample interpretation: Compared with 18- to 29-year-olds, the rate of death is four times higher in 30- to 39-year-olds, and 600 times higher in those who are 85 years and older. (In the table, a rate of 1x indicates no difference compared to the 18- to 29-year-old age category.)

Table 2: COVID-19 Rate Ratios by Age

Source: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html> (last checked August 25, 2021).

15. COVID-19 becomes gradually more fatal with age. As the table above shows, the risk to children is negligible for children and adolescents respective to adults. In comparison to minors, the virus is four times as fatal as those in their 30s, ten times to those in their 40s, etc. COVID-19 is 600 times more fatal to those 85 years of age or older. *See Table 2.*

16. 15. In my expert medical opinion, the epidemic spread of COVID-19, like all respiratory viruses, notably influenza,⁴ is driven by symptomatic persons; asymptomatic spread is inconsequential.

⁴ Eleni Patrozou & Leonard A. Mermel, *Does Influenza Transmission Occur from Asymptomatic Infection or Prior to Symptom Onset?*, 124 Pub. Health Rep. 193 (2009).

17. A meta-analysis of contact tracing studies in The Journal of the American Medical Association showed asymptomatic COVID-19 spread was negligible at 0.7%.⁵

18. Accordingly, a rational and ethical prevention measure to reduce the spread of COVID-19 is a simple requirement, as part of formal policies, that persons with active symptomatic, febrile (feverish) respiratory illnesses, like COVID-19, should isolate themselves. Indeed, during the H1N1 influenza, a pandemic, fully open, unmasked college campuses were advised by federal health officials, “*Flu-stricken college students should stay out of circulation*” and “*if they can’t avoid contact they need to wear surgical masks.*”⁶

19. Further, young people are not the spreaders of the virus to the community. A recent study from Dr. Arnold and colleagues that reported the results of a longitudinal serosurvey (blood sampling) of community residents in Centre County, Pennsylvania, home to Pennsylvania State University, University Park campus. That study includes the conclusion, “Despite high seroprevalence observed within the student population, seroprevalence in a longitudinal cohort of community residents was low and stable from before student arrival for the Fall 2020 term to after student departure, implying limited transmission between these cohorts.”⁷

20. Children and adolescents face little chance of actually catching COVID-19 or developing severe symptoms if it occurs and a negligible chance of spreading it to the greater community.

⁵ Zachary J. Madewell, Ph.D.; Yang Yang, Ph.D.; Ira M. Longini Jr, Ph.D.; M. Elizabeth Halloran, MD, DSc; Natalie E. Dean, Ph.D., Household Transmission of SARS-CoV-2: A Systematic Review and Meta-analysis, JAMA Network Open. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102> (checked June 20, 2021).

⁶ Great Falls Tribune, *Advice: Flu-stricken college students should stay out of circulation*, August 21, 2009, page 5, section A. <https://www.newspapers.com/image/243611045> (checked August 25, 2021, behind pay wall).

⁷ See Callum R K Arnold, Sreenidhi Srinivasan, Catherine M Herzog, Abhinay Gontu, Nita Bharti, Meg Small, Connie J Rogers, Margeaux M Schade, Suresh V Kuchipudi, Vivek Kapur, Andrew Read, Matthew J Ferrari, SARS-CoV-2 Seroprevalence in a University Community: A Longitudinal Study of the Impact of Student Return to Campus on Infection Risk Among Community Members, medRxiv (Feb. 19, 2021), available at <https://pubmed.ncbi.nlm.nih.gov/33619497/> (last visited June 20, 2021).

Advances in COVID-19 Treatments

21. Even if young people contract the virus, the treatment of the infection has improved tremendously since the advent of COVID-19. Studies have shown several different treatment methods, which have proven effective. A combination of medications, supported by the Association of American Physicians and Surgeons, for a minimum of five days and acutely administered supplements used for the initial ambulatory patient with suspected and or confirmed COVID-19 (moderate or greater probability) has proven effective, with the results summarized in Table 3 below.⁸ This approach has resulted in an ~85% reduction in hospitalization and death in high-risk individuals presenting with COVID-19.⁹

Table 3: COVID-19 Treatments

Agent (drug)	Rationale
Zinc	Inhibits SARS-CoV-2 RNA synthesis
Hydroxychloroquine 200 mg po bid	Inhibits endosomal transfer of virions, anti-inflammatory
Ivermectin (200 mcg/kg) usual dose nuclear12 mg po qd x 3 days nucleus	Attenuates importin α -mediated transport of SARS-CoV-2 into nucleus
Azithromycin 250 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Doxycycline 100 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Inhaled budesonide, Dexamethasone 8 mg IM	Treats cytokine storm
Folate, thiamine, vitamin B-12	Reduce tissue oxidative stress
Intravenous fluid	Intravascular volume expansion

⁸ Brian C Procter, Casey Ross, Vanessa Pickard, Erica Smith, Cortney Hanson, Peter A McCullough, *Clinical outcomes after early ambulatory multidrug therapy for high-risk SARS-CoV-2 (COVID-19) infection*, Reviews in Cardiovascular Medicine (December 30, 2021), available at <https://rcm.imrpress.com/EN/10.31083/j.rcm.2020.04.260> (last visited June 26, 2021).

⁹ Procter, MD, B. C., APRN, FNP-C, C. R. M., PA-C, MPAS, V. P., PA-C, MPAS, E. S., PA-C, MPAS, C. H., & McCullough, MD, MPH, P. A. (2021). Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19). *International Journal of Innovative Research in Medical Science*, 6(03), 219 - 221. <https://doi.org/10.23958/ijirms/vol06-i03/1100> (last visited August 25, 2021).

22. I, along with my colleagues, conducted the study referenced above, which evaluated patients between the ages of 12 and 89 years. The average age was 50.5 and 61.6% were women. The study found that primary care physicians can treat COVID-19 patients resulting in rates of hospitalization and death. The study showed that administration of the medicines and supplements shown in Table 3 produces a less than 2% chance of facing hospitalization or death among high-risk adults (age over 50 with medical problems). As this study was done with mainly higher-risk patients at the peak of the pandemic, this is a highly successful treatment plan and just one of the many new treatments that have been used in the last year including those admitted for COVID-19 which are covered in the NIH COVID-19 Guidelines.¹⁰

23. Treatment has improved so drastically for COVID-19 that according to the CDC AH Provisional COVID-19 Death Counts by Age, there were no deaths in Colorado for the 0-17 age group in 2020 or 2021. This is evidence of less virulent strains of SARS-CoV-2 and better treatment and less risk for students and a generally lowered virulence for the SARS-CoV-2 strains as the pandemic progresses over time.

24. In my expert medical opinion, the combination of lowering COVID-19 rates, achievement of herd immunity, the low risk of hospitalization and death among children, and the drastically improved treatment options make the Emergency Use Authorization for the investigational COVID-19 vaccine sponsored by the US FDA and CDC, unreasonable from a scientific and medical perspective.

¹⁰ *Id.*; see also National Institutes of Health, *Therapeutic Management of Adults With COVID-19* (Updated May 24, 2021), <https://www.COVID-19treatmentguidelines.nih.gov/management/therapeutic-management/> (last visited June 21, 2021).

COVID-19 Vaccine Research and Development

25. The recent FDA August 23, 2021, continuation of the EUA for Pfizer and the conditional approval of the BNT vaccine gives me no comfort; the process was not conducted properly. Pfizer-BNT conducted a registrational clinical trial which was randomized, double-blind, placebo-controlled among 2260 adolescents age 12-15 years of age and the trial did not demonstrate a clinically meaningful benefit in COVID-19 outcomes nor did it have any reported impact on child to family or child to teacher spread of the virus.¹¹ Among 1132 who received the Pfizer BNT162b2 vaccine, the prevention of 18 cases of mild COVID-19 was observed, and there were no cases of severe disease, hospitalizations, or deaths in either group. Approximately 80% and 60% of subjects had local and systemic reactions to the vaccine including pain at the injection site, fatigue, fever, and chills. Approximately 37% of adolescents required medication to control fever with the injections. It is my opinion that the prevention of mild viral upper respiratory-like infections, of which adolescents that age may have four or more times per year is not worth the risks to the body after an adolescent is injected with one of the COVID-19 vaccines. The conditional approval of BNT is for persons 16 years of age and older, thus there is overlap for the safety concerns seen in younger individuals.

26. The COVID-19 genetic vaccines (Pfizer, Moderna, J&J) skipped testing for genotoxicity, mutagenicity, teratogenicity, and oncogenicity. Thus, we do not know whether these products will change human genetic material, cause birth defects, reduce fertility, or cause cancer.

¹¹ (Frenck RW Jr, Klein NP, Kitchin N, Gurtman A, Absalon J, Lockhart S, Perez JL, Walter EB, Senders S, Bailey R, Swanson KA, Ma H, Xu X, Koury K, Kalina WV, Cooper D, Jennings T, Brandon DM, Thomas SJ, Türeci Ö, Tresnan DB, Mather S, Dormitzer PR, Şahin U, Jansen KU, Gruber WC; C4591001 Clinical Trial Group. Safety, Immunogenicity, and Efficacy of the BNT162b2 Covid-19 Vaccine in Adolescents. N Engl J Med. 2021 Jul 15;385(3):239-250. doi: 10.1056/NEJMoa2107456. Epub 2021 May 27. PMID: 34043894; PMCID: PMC8174030.)

27. The Pfizer, Moderna, and JNJ vaccines are considered “genetic vaccines” or vaccines produced from gene therapy molecular platforms which according to US FDA regulatory guidance are classified as gene delivery therapies and should be under a 15-year regulatory cycle with annual visits for safety evaluation by the research sponsors.¹²

28. FDA has “advised sponsors to observe subjects for delayed adverse events for as long as 15 years following exposure to the investigational gene therapy product, specifying that the long-term follow-up observation should include a minimum of five years of annual examinations, followed by ten years of annual queries of study subjects, either in person or by questionnaire.” (*emphasis added*) Thus, the administration of the Moderna, Pfizer, and JNJ vaccines should not be undertaken without the proper consent and arrangements for long-term follow-up which are currently not offered in the US. (*See*, EUA briefing documents for commitments as to follow up: Moderna¹³, Pfizer¹⁴, J&J¹⁵)

29. They have a dangerous mechanism of action in that they all cause the body to make an uncontrolled quantity of the pathogenic wild-type spike protein from the SARS-CoV-2 virus for at least two weeks probably a longer period based on the late emergence of vaccine injury reports. This is unlike all other vaccines where there is a set amount of antigen or live-attenuated virus. This means for Pfizer, Moderna, and J&J vaccines it is not predictable among patients who will produce more or less of the spike protein. The Pfizer, Moderna, and JNJ vaccines because they are different, are expected to produce different libraries of limited antibodies to the now extinct wild-type spike protein. We know the spike protein produced by the vaccines is obsolete because the

¹² Long Term Follow-up After Administration of Human Gene Therapy Products. Guidance for Industry. FDA-2018-D-2173. 2020. Accessed July 13, 2021, at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/long-term-follow-after-administration-human-gene-therapy-products>.

¹³ <https://www.fda.gov/media/144434/download>

¹⁴ <https://www.fda.gov/media/144245/download>

¹⁵ <https://www.fda.gov/media/146219/download>

17th UK Technical Report on SARS-CoV-2 Variants issued June 25, 2021, and the CDC June 19, 2021, Variant Report both indicate the SARS-CoV-2 wild type virus to which all the vaccines were developed is now extinct.¹⁶

30. The spike protein itself has been demonstrated to injure vital organs such as the brain, heart, lungs, as well as damage blood vessels and directly cause blood clots. Additionally, because these vaccines infect cells within these organs, the generation of spike protein within heart and brain cells, in particular, causes the body's own immune system to attach to these organs. This is abundantly apparent with the burgeoning number of cases of myocarditis or heart inflammation among individuals below age 30 years.

31. Because the US FDA and CDC have offered no methods of risk mitigation for these serious adverse effects which can lead to permanent disability or death, no child should be pressured, coerced, receive the threat or reprisal, or be mandated to receive one of these investigational products against their will. Because the vaccine centers, CDC, FDA, and the vaccine manufacturers ask for the vaccine recipient to grant indemnification on the consent form before injection, all injuries incurred by children and young adults are at their own cost which can be prohibitive depending on the needed procedures, hospitalizations, rehabilitation, and medications.

32. In general, it is never good clinical practice to widely utilize novel biological products in populations that have not been tested in registrational trials. For COVID-19 vaccines, this includes COVID-19 survivors, those with prior suspected COVID-19 infection, those with positive SARS-

¹⁶ For additional information, see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf

CoV-2 serologies, pregnant women, and women of childbearing potential who cannot assure contraception.

33. It is never good research practice to perform a large-scale clinical investigation without the necessary structure to ensure the safety and protection of human subjects. These structures include a critical event committee, data safety monitoring board, and human ethics committee. These groups in large studies work to objectively assess the safety of the investigational product and research integrity. The goal is mitigating risk and protecting human subjects. It is my understanding that the COVID-19 vaccine program is sponsored by the CDC and FDA and has none of these safety structures in place. It is my assessment, that the COVID-19 clinical investigation has provided no meaningful risk mitigation for subjects (restricting groups, a special assessment of side effects, follow-up visits, or changes in the protocol to ensure or improve the safety of the program).¹⁷

COVID-19 Vaccine Risks to Children and Adolescents

34. The COVID-19 public vaccination program operated by the CDC and the FDA is a clinical investigation and under no circumstance can any person receive pressure, coercion, or threat of reprisal on their free choice of participation. Violation of this principle of autonomy by any entity constitutes reckless endangerment with a reasonable expectation of causing personal injury resulting in damages.

35. The current COVID-19 vaccines are not sufficiently protective against contracting COVID-19 to support its use beyond the current voluntary participation in the CDC-sponsored program. A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from

¹⁷ See <https://www.authorea.com/users/414448/articles/522499-sars-cov-2-mass-vaccination-urgent-questions-on-vaccine-safety-that-demand-answers-from-international-health-agencies-regulatory-authorities-governments-and-vaccine-developers> (checked August 25, 2021).

46 U.S. states and territories as of April 30, 2021. Among these cases, 6,446 (63%) occurred in females, and the median patient age was 58 years (interquartile range = 40–74 years). Based on preliminary data, 2,725 (27%) vaccine breakthrough infections were asymptomatic, 995 (10%) patients were known to be hospitalized, and 160 (2%) patients died. Among the 995 hospitalized patients, 289 (29%) were asymptomatic or hospitalized for a reason unrelated to COVID-19. The median age of patients who died was 82 years (interquartile range = 71–89 years); 28 (18%) decedents were asymptomatic or died from a cause unrelated to COVID-19. Sequence data were available from 555 (5%) reported cases, 356 (64%) of which were identified as SARS-CoV-2 variants of concern, including B.1.1.7 (199; 56%), B.1.429 (88; 25%), B.1.427 (28; 8%), P.1 (28; 8%), and B.1.351 (13; 4%). None of these variants are encoded in the RNA or DNA of the current COVID-19 vaccines. In response to these numerous reports, the CDC announced on May 1, 2021, that community breakthrough cases would no longer be reported to the public and only those vaccine failure cases requiring hospitalization will be reported, presumably on the CDC website.¹⁸ This overt asymmetric reporting will create the false picture of only unvaccinated individuals developing COVID-19; in reality, patients who are fully vaccinated will be contracting breakthrough infections except for those vaccinated individuals who were previously immune from prior COVID-19 infection.

36. The Delta variant of SARS-CoV-2 accounts for most cases in the United Kingdom, Israel, and the United States. Because of progressive mutation of the spike protein, the virus has achieved an immune escape from the COVID-19 vaccines with the most obvious example being Israel where indiscriminate vaccination achieved 80% immunization rates. *See Table 4, below.*

¹⁸ See <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm> (August 25, 2021).

37. This has promoted the emergence of the Delta variant as the dominant strain and because it is not adequately covered by the Pfizer COVID-19 vaccine, >80% of COVID-19 cases have occurred the fully vaccinated. This confirms the failure of the vaccines against COVID-19.

Israel Confirmed Cases, July 11th - July 17th				
Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20-29	441	124	78.1%	71.9%
30-39	481	127	79.1%	77.4%
40-49	554	113	83.1%	80.9%
50-59	366	53	87.4%	84.4%
60-69	363	33	91.7%	86.9%
70-79	236	13	94.8%	92.8%
80-89	68	8	89.5%	91.2%
90+	14	2	84.8%	89.7%
Source 01: https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880				
Source 02: https://datadashboard.health.gov.il/COVID-19/general				

Table 4: Israel Confirmed Cases, Vaccinated vs. Unvaccinated ¹⁹

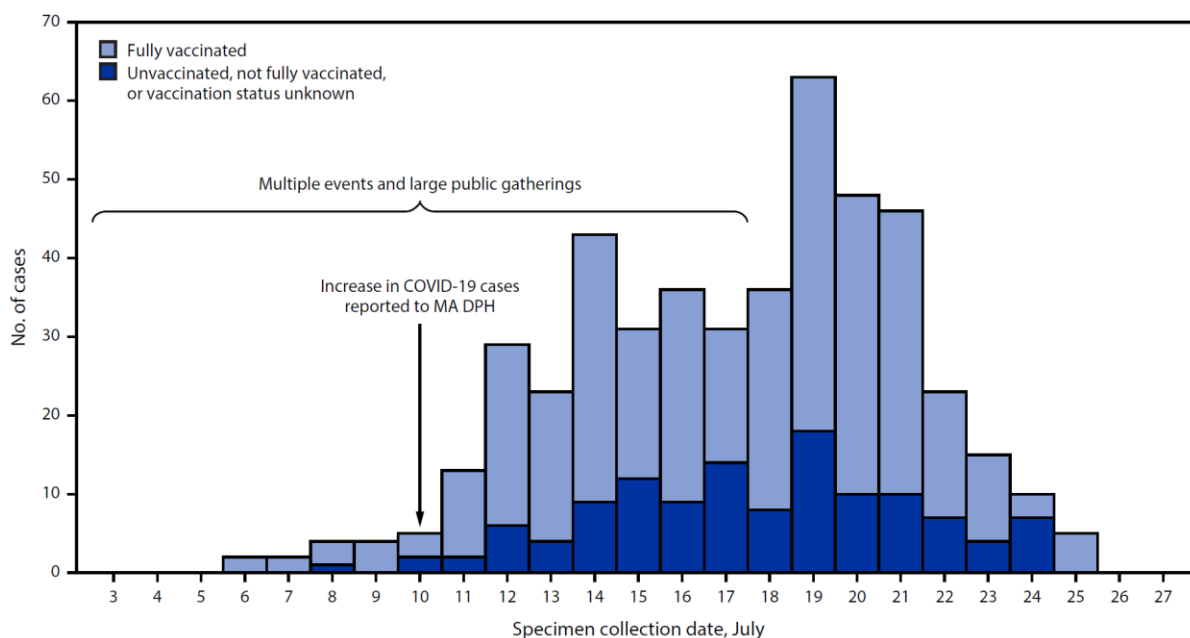
38. In the SARS-CoV-2 variants of concern and variants under investigation in England Technical briefing 17 25 June 2021, 92,056 cases had the Delta variant and 50/7235 fully vaccinated and 44/53,822 of the unvaccinated died. This indicates that the fully vaccinated who contract the Delta variant have an 8.6-fold increased risk for death, (95% CI 5.73-12.91), $p < 0.0001$, as compared to those who chose to remain unvaccinated. ²⁰

¹⁹ See <https://datadashboard.health.gov.il/COVID-19019/general>

²⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variant_s_of_Concern_VOC_Technical_Briefing_17.pdf (checked August 25, 2021).

39. The CDC has published a report titled: “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021” demonstrating complete failure of the COVID-19 in controlled spread of SARS-CoV-2 in congregate settings. My interpretation of this report is that the vaccines are not sufficiently effective to make the elective, investigation vaccine recommended for use beyond individual preference.

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status* — Barnstable County, Massachusetts, July 2021



Abbreviation: MA DPH = Massachusetts Department of Public Health.

* Fully vaccinated was defined as ≥14 days after completion of state immunization registry–documented COVID-19 vaccination as recommended by the Advisory Committee on Immunization Practices.

40. In 1990, the Vaccine Adverse Event Reporting System (“VAERS”) was established as a national early warning system to detect possible safety problems in U.S. licensed vaccines. VAERS is a passive reporting system, meaning it relies on individuals to voluntarily send in reports to the CDC and FDA. VAERS is useful in detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine.

41. The total safety reports in VAERS for all vaccines per year up to 2019 was 16,320. The total safety reports in VAERS for COVID-19 Vaccines alone through Jun 18, 2021, is 387,288.

42. Based on VAERS as of August 13, 2021, there were 13,068 COVID-19 vaccine deaths reported and 54,142 hospitalizations reported for the COVID-19 vaccines (Pfizer, Moderna, JNJ). See VAERS COVID-19 Vaccine Data, attached as Exhibit B. By comparison, from 1999, until December 31, 2019, VAERS received 3167 death reports (158/ year) adult death reports for all vaccines combined.²¹ Thus, COVID-19 mass vaccination is associated with at least a 39-fold increase in annualized vaccine deaths reported to VAERS.

43. COVID-19 vaccine adverse events account for 98% of all vaccine-related AEs from December 2020 through the present in VAERS.

44. The COVID-19 vaccines are not safe for general use and cannot be deployed indiscriminately or supported, recommended, or mandated among any group.

45. There are emerging trends showing that the vaccine is especially risky for those 12-29 in my expert medical opinion with complications in the cardiovascular, neurological, hematologic, and immune systems. (*See, Rose J, et al.*)

46. Increasingly the medical community is acknowledging the possible risks and side effects including myocarditis, Bell's Palsy, Pulmonary Embolus, Pulmonary Immunopathology, and severe allergic reaction causing anaphylactic shock.²² Centers for Disease Control and Prevention, Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine — United States, December 14–23, 2020 (Jan 15, 2021).²³

²¹Pedro L. Moro, Jorge Arana, Mria Cano, Paige Lewis, and Tom T. Shimabukuro, Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997-2013, VACCINES, CID 2015:61 (September 2015).

²² See Chien-Te Tseng, Elena Sbrana, Naoko Iwata-Yoshikawa, Patrick C Newman, Tania Garron, Robert L Atmar, Clarence J Peters, Robert B Couch, Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus, <https://pubmed.ncbi.nlm.nih.gov/22536382/>

²³ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm> (checked August 25, 2021).

47. The Centers for Disease Control has held emergency meetings on this issue and the medical community is responding to the crisis. It is known that myocarditis causes injury to heart muscle cells and may result in permanent heart damage resulting in heart failure, arrhythmias, and cardiac death. These conditions could call for a lifetime need for multiple medications, implantable cardio defibrillators, and heart transplantation. Heart failure has a five-year 50% survival and would markedly reduce the lifespan of a child or young adult who develops this complication after vaccine-induced myocarditis (ref McCullough PA Reach Study)

48. COVID-19 vaccine-induced myocarditis has a predilection for young males below age 30 years.²⁴ The Centers for Disease Control has held emergency meetings on this issue and the medical community is responding to the crisis and the US FDA has issued a warning on the Pfizer and Moderna vaccines for myocarditis.²⁵ In the cases reviewed by the CDC and FDA, 90% of children with COVID-19 induced myocarditis developed symptoms and clinical findings sufficiently severe to warrant hospitalization. Because this risk is not predictable and the early reports may represent just the tip of the iceberg, no individual under age 30 under any set of circumstances should feel obliged to take this risk with the current genetic vaccines particularly the Pfizer and Moderna products.

49. Multiple recent studies and news reports detail people 18-29 dying from myocarditis after receiving the COVID-19 vaccine. According to the CDC, 475 cases of pericarditis and

²⁴ Abu Mouch S, Roguin A, Hellou E, Ishai A, Shoshan U, Mahamid L, Zoabi M, Aisman M, Goldschmid N, Berar Yanay N. Myocarditis following COVID-19 mRNA vaccination. *Vaccine*. 2021 Jun 29;39(29):3790-3793. doi: 10.1016/j.vaccine.2021.05.087. Epub 2021 May 28. PMID: 34092429; PMCID: PMC8162819.

²⁵ <https://www.fda.gov/news-events/press-announcements/coronavirus-COVID-19-update-june-25-2021>.

myocarditis²⁶ have been identified in vaccinated citizens aged 30 and younger. See FDA, Vaccines and Related Biological Products Advisory Committee June 10, 2021, Meeting Presentation.²⁷


50. The FDA found that people 12-24 account for 8.8% of the vaccines administered, but 52% of the cases of myocarditis and pericarditis were reported. *Id.*

Table 5: VAERS Report

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA vaccination, Exp. vs. Obs. (data thru May 31, 2021)

Age groups	Doses admin	Crude reporting rate*	Expected†,‡ Myocarditis/pericarditis cases	Observed† Myocarditis/pericarditis reports
12–15 yrs	134,041	22.4	0–1	2
16–17 yrs	2,258,932	35.0	2–19	79
18–24 yrs	9,776,719	20.6	8–83	196
25–39 yrs	26,844,601	5.0	23–228	124
40–49 yrs	19,576,875	3.0	17–166	51
50–64 yrs	36,951,538	1.3	31–314	39
65+ yrs	42,124,078	0.9	36–358	26
NR	—	—	—	11

8.8% of doses admin { 12–15 yrs, 16–17 yrs, 18–24 yrs } n=277 reports 52.5% of total reports

 * Per million doses administered; † Assumes a 31-day post-vaccination observation window; ‡ 528 reports with symptom onset within 30 days of vaccination shown; † Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14;50(26):410X(21):00578-8.

Further, the CDC just announced that the vaccine is “likely linked” to myocarditis. Advisory Board, CDC panel reports ‘likely association’ of heart inflammation and mRNA COVID-19 vaccines in young people.²⁸

51. The CDC recently released data stating that there have been 267 cases of myocarditis or pericarditis reported after receiving one dose of the COVID-19 vaccines and 827 reported cases

²⁶ Myocarditis is inflammation of the heart muscle, whereas pericarditis is inflammation of the sac-like tissue around the heart called the pericardium.

²⁷ <https://www.fda.gov/media/150054/download#page=17> (checked August 25, 2021).

²⁸ <https://www.advisory.com/daily-briefing/2021/06/24/heart-inflammation> (checked August 25, 2021).

after two doses through June 11. There are 132 additional cases where the number of doses received is unknown. *Id.*

52. There have been 2466 reported cases of myocarditis that have occurred, and the median age is thirty. *Id.*²⁹

53. I have seen and examined adolescent patients with post-COVID-19 myocarditis which typically occurs two days after the injection, most frequently after the second injection of mRNA products (Pfizer, Moderna). The clinical manifestations can be chest pain, signs and symptoms of heart failure, and arrhythmias. The diagnosis usually requires a clinical or hospital encounter, 12-lead electrocardiogram, blood tests including cardiac troponin (test for heart muscle damage), ECG monitoring, and cardiac imaging with echocardiography or cardiac magnetic resonance imaging. Given the risks for either manifest or future left ventricular dysfunction, patients are commonly prescribed heart failure medications (beta-blockers, renin-angiotensin system, inhibitors), and aspirin. More complicated patients require diuretics and anticoagulants. For post- COVID-19 vaccine myocarditis, I follow current position papers on the topic and restrict physical activity and continue medications for approximately three months before blood biomarkers and cardiac imaging are reassessed. If there is concurrent pericarditis, non-steroidal anti-inflammatory agents and colchicine may additionally be prescribed. Multiple medical studies are starting to come out detailing this problem.³⁰

²⁹ See ongoing reports at <https://www.openvaers.com/openvaers>.

³⁰ See, e.g., Tommaso D'Angelo MD, Antonino Cattafi MD, Maria Ludovica Carerj MD, Christian Booz MD, Giorgio Ascenti MD, Giuseppe Cicero MD, Alfredo Blandino MD, Silvio Mazziotti MD, Myocarditis after SARS-CoV-2 Vaccination: A Vaccine-induced Reaction?, Pre-proof, Canadian Journal of Cardiology, [https://www.onlinecjc.ca/article/S0828-282X\(21\)00286-5/fulltext](https://www.onlinecjc.ca/article/S0828-282X(21)00286-5/fulltext) (last visited June 26, 2021); Jeffrey Heller, Israel sees probable link between Pfizer vaccine and myocarditis cases (June 2, 2021), <https://www.reuters.com/world/middle-east/israel-sees-probable-link-between-pfizer-vaccine-small-number-myocarditis-cases-2021-06-01/> (last visited June 26, 2021); Tschöpe C, Cooper LT, Torre-Amione G, Van Linthout S. Management of Myocarditis-Related Cardiomyopathy in Adults. *Circ Res.* 2019 May 24;124(11):1568-1583. doi: 10.1161/CIRCRESAHA.118.313578. PMID: 31120823. Caforio AL, Pankuweit S,

54. The US FDA has given an update on the JNJ vaccine concerning the risk of cerebral venous sinus thrombosis and thrombosis with thrombocytopenia in women ages 18-48 associated with low platelet counts.³¹ This complication causes a variety of stroke-like syndromes that can involve the cranial nerves, vision, and coordination. Blood clots in the venous sinuses of the brain are difficult to remove surgically and require blood thinners sometimes with only partial recovery. In some cases, special glasses are required to correct vision and these young adults can be expected to miss considerable time away from school undergoing neurological rehabilitation. Because this risk is not predictable no woman under age 48 under any set of circumstances should feel obliged to take this risk with the JNJ vaccine.

55. Additionally, the US FDA has an additional warning for Guillen-Barre Syndrome or ascending paralysis for the JNJ vaccine which is not predictable and when it occurs can result in ascending paralysis, respiratory failure, the need for critical care, and death. Not all cases completely resolve, and some vaccine victims may require long term mechanical ventilation, or become quadra- or paraplegics. Prolonged neurological rehabilitation is commonly required, and this will call for time away from school and studies for those children injured from the JNJ vaccine with Guillen-Barre Syndrome.³²

56. The vaccine is also far less safe than previous vaccines like the meningococcal meningitis vaccine that is typically required on college campuses which in 2019 recorded zero deaths. The

Arbustini E, Basso C, Gimeno- Blanes J, Felix SB, Fu M, Heliö T, Heymans S, Jahns R, Klingel K, Linhart A, Maisch B, McKenna W, Mogensen J, Pinto YM, Ristic A, Schultheiss HP, Seggewiss H, Tavazzi L, Thiene G, Yilmaz A, Charron P, Elliott PM; European Society of Cardiology Working Group on Myocardial and Pericardial Diseases. Current state of knowledge on aetiology, diagnosis, management, and therapy of myocarditis: a position statement of the European Society of Cardiology Working Group on Myocardial and Pericardial Diseases. *Eur Heart J*. 2013 Sep;34(33):2636-48, 2648a-2648d. doi: 10.1093/eurheartj/eh210. Epub 2013 Jul 3. PMID: 23824828.

³¹ <https://www.fda.gov/news-events/press-announcements/joint-cdc-and-fda-statement-johnson-johnson-COVID-19-vaccine>.

³² <https://www.fda.gov/media/150723/download> (checked August 25, 2021).

COVID-19 vaccines since their EUA approval on May 10, 2021, have already claimed the lives of 15 children and 79 young individuals under age 30 (VAERS).

57. For example, the VAERS (Vaccine Adverse Event Reporting System) data from the CDC shows, for 18-29-year-olds, there have been no deaths from the meningococcal vaccine from 1999 - 2019. See, United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC)/Food and Drug Administration (FDA), Vaccine Adverse Reporting System (VAERS) 1990 - 06/11/2021, CDC WONDER On-line Database.³³

58. The main side effects people reported from the meningitis vaccine are headache, injection site pain, nausea, chills, and a fever, and even these were limited as no more than fifteen of each were reported. *Id.* The student population and their parents, in general, accept the requirements for meningococcal vaccination because the vaccines are safe, effective, and do not pose a risk of death, unlike the COVID-19 vaccines.

59. In the brief time the COVID-19 vaccines have been available, there have been many more serious symptoms and even a death of a healthy 13-year-old boy.³⁴ (See Nationwide VAERS COVID-19 Vaccine Data through June 18, 2021.³⁵)

60. The World Health Organization said that children should not be vaccinated for the moment before they faced tremendous backlash.³⁶

³³ Accessed at: <https://wonder.cdc.gov/vaers.html>.

³⁴ <https://www.newsweek.com/13-year-old-dies-sleep-after-receiving-pfizer-COVID-19-vaccine-cdc-investigating-1606529> (checked August 25, 2021).

³⁵ VAERS may be publicly accessed at <https://www.openvaers.com/COVID-19-data>.

³⁶ WHO, COVID-19 Advice for the public: Getting vaccinated <https://web.archive.org/web/20210408183900/https://www.who.int/emergencies/diseases/novel-coronavirus-2019/COVID-19-vaccines/advice> (checked August 25, 2021).

61. Further, milder side effects from the vaccine include changes in hormone and menstrual cycles in women, fever, swelling at the injection site, etc. Jill Seladi-Schulman, Ph.D., Can COVID-19 or the COVID-19 Vaccine Affect Your Period?³⁷

62. Recent studies from Tess Lawrie, a highly respected evidence-based professional, on the UK's equivalent of the VAERS systems concluded that the vaccines were unsafe for use in humans due to the extensive side effects they are causing.³⁸

Risks of COVID-19 Vaccines for Those Recovered from COVID-19

63. There is recent research on the fact that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and have recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by Pfizer, Moderna, and J&J. From these trials the safety profile was unknown when the products for approved for Emergency Use Authorization in 2020. There has been no study demonstrating clinical benefit with COVID-19 vaccination in those who have well documented or even suspected prior COVID-19 illness.

64. A medical study of United Kingdom healthcare workers who had already had COVID-19 and then received the vaccine found that they suffered higher rates of side effects than the average population.

65. The test group experienced more moderate to severe symptoms than the study group that did not previously have COVID-19. Id.

³⁷ Rachael K. Raw, Clive Kelly, Jon Rees, Caroline Wroe, David R. Chadwick, Previous COVID-19 infection but not Long-COVID-19 is associated with increased adverse events following BNT162b2/Pfizer vaccination, (pre-print) <https://www.medrxiv.org/content/10.1101/2021.04.15.21252192v1> (checked August 25, 2021).

³⁸ Tess Lawrie, Re. Urgent preliminary report of Yellow Card data up to 26th May 2021, (June 9, 2021), <https://www.skirsch.com/covid/TessLawrieYellowCardAnalysis.pdf> (accessed August 25, 2021).

66. The symptoms include fever, fatigue, myalgia-arthralgia, and lymphadenopathy. *Id.* Raw found that in 974 individuals who received the BNT162b2/Pfizer vaccine, those with a prior history of SARS-CoV-2 or those who had positive antibodies at baseline had a higher rate of vaccine reactions than those who were COVID-19 naive. *Id.*

67. Mathioudakis et al. reported that in 2020 patients who underwent vaccination with either mRNA-based or vector-based COVID-19 vaccines, COVID-19-recovered patients who were needlessly vaccinated had higher rates of vaccine reactions.³⁹

68. Krammer et al. reported on 231 volunteers for COVID-19 vaccination, 83 of whom had positive SARS-CoV-2 antibodies at the time of immunization. The authors found: “Vaccine recipients with preexisting immunity experience systemic side effects with a significantly higher frequency than antibody naïve vaccines (e.g., fatigue, headache, chills, fever, muscle or joint pains, in order of decreasing frequency, $P < 0.001$ for all listed symptoms, Fisher’s exact test, two-sided).”⁴⁰

Natural Immunity to COVID-19

69. To my knowledge, there are no studies that demonstrate the clinical benefit of COVID-19 vaccination in COVID-19 survivors or those with suspected COVID-19 illness or subclinical disease who have laboratory evidence of prior infection.

70. It is my opinion that SARS-CoV-2 causes an infection in humans that results in robust, complete, and durable immunity, and is superior to vaccine immunity which by comparison has demonstrated massive failure including over 10,000 well-documented vaccine failure cases as reported by the CDC before tracking was stopped on May 31, 2021. There are no studies demonstrating the clinical benefit of COVID-19 vaccination in COVID-19 survivors and there are

³⁹ See <https://www.medrxiv.org/content/10.1101/2021.02.26.21252096v1>

⁴⁰ See <https://www.medrxiv.org/content/10.1101/2021.01.29.21250653v1> (checked August 25, 2021).

three studies demonstrating harm in such individuals. Thus, it is my opinion that the COVID-19 vaccination is contraindicated in COVID-19 survivors, many of whom may be in the student population.

71. Multiple laboratory studies conducted by highly respected U.S. and European academic research groups have reported that convalescent mildly or severely infected COVID-19 patients who are unvaccinated can have greater virus-neutralizing immunity—especially more versatile, long-enduring T- cell immunity—relative to vaccinated individuals who were never infected.⁴¹

72. Cleveland Clinic studied their employees for the effects of natural immunity in unvaccinated people.⁴² They found zero SARS-CoV-2 reinfections during a 5-month follow-up among n=1359 infected employees who were naturally immune remained unvaccinated and concluded such persons are “*unlikely to benefit from COVID-19 vaccination.*” Among those who

⁴¹ See Athina Kilpeläinen, et al., Highly functional Cellular Immunity in SARS-CoV-2 Non- Seroconvertors is associated with immune protection, bioRxiv (pre-print),

<https://www.biorxiv.org/content/10.1101/2021.05.04.438781v1>;

Tongcui Ma, et al., Protracted yet coordinated differentiation of long-lived SARS-CoV-2-specific CD8+ T cells during COVID-19 convalescence, bioRxiv (pre-print),

<https://www.biorxiv.org/content/10.1101/2021.04.28.441880v1>;

Saade C, Gonzalez C, Bal A, Valette M, Saker K, Lina B, Josset L, Trabaud MA, Thiery G, Botelho-Nevers E, Paul S, Verhoeven P, Bourlet T, Pillet S, Morfin F, Trouillet-Assant S, Pozzetto B, On Behalf Of Covid-Ser Study Group. Live virus neutralization testing in convalescent patients and subjects vaccinated against 19A, 20B, 20I/501Y.V1 and 20H/501Y.V2 isolates of SARS-CoV-2. Emerg Microbes Infect. 2021 Dec;10(1):1499-1502. doi: 10.1080/22221751.2021.1945423. PMID: 34176436; PMCID: PMC8330769.

<https://pubmed.ncbi.nlm.nih.gov/34176436/>; Carmen Camara, et al. Differential effects of the second SARS-CoV-2 mRNA vaccine dose on T cell immunity in naïve and COVID-19 recovered individuals, bioRxiv (pre-print), <https://www.biorxiv.org/content/10.1101/2021.03.22.436441v1>;

Ellie N. Ivanova, et al., Discrete immune response signature to SARS-CoV-2 mRNA vaccination versus infection, medRxiv (pre-print), <https://www.medrxiv.org/content/10.1101/2021.04.20.21255677v1>;

Catherine J. Reynolds, et al, Prior SARS-CoV-2 infection rescues B and T cell responses to variants after first vaccine dose, (pre-print), <https://pubmed.ncbi.nlm.nih.gov/33931567/> ;

Yair Goldberg, et al., Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel, medRxiv (pre-print),

<https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1> (all checked August 25, 2021).

⁴² Nabin K. Shrestha, Patrick C. Burke, Amy S. Nowacki, Paul Terpeluk, Steven M. Gordon, Necessity of COVID-19 vaccination in previously infected individuals, medRxiv (pre-print),

<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2> (checked August 25, 2021).

were vaccinated, unlike the naturally immune, there were vaccine failure or breakthrough cases of COVID-19. *Id.*

73. An analysis by Murchu et al demonstrated in 615,777 individuals which included well-documented COVID-19 as well as subclinical infections with positive serologies, there was a negligible incidence (<1%) of COVID-19 over the long term. Murchu found no evidence of waning immunity over time suggesting no possibility that future vaccination would be indicated for any reason.⁴³

74. A recent article in Nature reported that prior infection induces long-lived bone marrow plasma cells which means the antibodies to prevent reinfection of COVID-19 are long-lasting.⁴⁴

As to my expert opinion regarding Mask Use for Children:

75. I have come to understand that many people believe that mandated mask use in schools is a good idea. It is not. The most easily available data to reject mask use is the experience of other countries that show mask use is not part of the solution for children.

76. Sweden has more than a million school-age minors, but the school system employed mild social distancing and no masks and had zero deaths from COVID. A good summary regarding this well-documented experience appeared in the New England Journal of Medicine. The study, titled “Open Schools, Covid-19 and Child and Teacher Morbidity in Sweden,” found:

“Despite Sweden’s having kept schools and preschools open, researchers have found a low incidence of severe Covid-19 among schoolchildren and children of preschool age during the SARS-CoV-2 pandemic...No child with Covid-19 died...Among the 1,951,905 million children who were 1 to 16 years of age, 15 children had Covid-19, MIS-C, or both conditions and were admitted to an ICU, which is equal to 1 child in 130,000.”⁴⁵

⁴³ See: <https://onlinelibrary.wiley.com/doi/10.1002/rmv.2260>

⁴⁴ Jackson S. Turner et. al. SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans, (May 24, 2021) <https://www.nature.com/articles/s41586-021-03647-4> (checked August 25, 2021).

⁴⁵ Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden, N Engl J Med 2021; 384:669-671 DOI: 10.1056/NEJMc2026670, <https://www.nejm.org/doi/full/10.1056/NEJMc2026670> (checked Aug. 25, 2021).

77. Though many medical professionals studies assert that masking generally is useful, those opinions are based on mistaken leaps of logic. The studies generally ignore Sweden and other countries, and then assert that a combination of COVID-fighting techniques "may" prevent virus spread, not bothering to separate out effective and ineffective techniques. Sweden has used mild social distancing and had zero deaths due to COVID-19.

78. Even the occasional honest CDC study shows that mask use has, at best, a minor benefit. A study of COVID-19 spread in restaurants and mask use indicated a benefit of less than 2% spread reduction in a location where masks are used for more than 100 days.⁴⁶

79. The latest study of which I am aware comes from the Annals of Internal Medicine, which describes a randomized controlled trial, which concluded that, at best, masks were a minor benefit to virus spread. "Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%)."⁴⁷ The study was honest enough to show that mask use is inconclusive with small clinically insignificant differences among the groups.

80. These studies show that mask use may have a benefit, but any benefit based on mask use is small. This makes sense, as the only time that a mask matters is an occasion where the wearer is singing or otherwise causing particulates emitted during a sneeze, *and* is infected with COVID-19, and the sneeze is directed at a person who is vulnerable *and* who would not have otherwise received a sufficient exposure to be vulnerable.

⁴⁶ Guy GP Jr., Lee FC, Sunshine G, et al. Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020. MMWR Morb Mortal Wkly Rep 2021;70:350–354. DOI: <http://dx.doi.org/10.15585/mmwr.mm7010e3>, August 25, 2021).

⁴⁷ Henning Bundgaard *et al.* Annals of Internal Medicine November 2020; doi:<https://doi.org/10.7326/M20-6817>, "Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers" (<https://www.acpjournals.org/doi/10.7326/M20-6817>, August 25, 2021).

81. Even the popular N95 mask is not a filter capable of stopping the COVID-19 virus, and these masks are not particularly useful outside of a hygienic healthcare environment. The N95 mask must go through a fitting with dedicated personnel that check for leaks and proper seal using specialized equipment and gases. When I wear a mask for surgical reasons, I fit the mask to my face and do not disturb it until I'm removing it. My practice of such use is very different from a child or even an adult who is constantly fiddling with it, taking it down and back up, and is never fitted.

82. I am aware that many public officials take the position that there is no downside to wearing a mask. That is not true. Children continuously wearing masks results in fainting, fatigue, heightened levels of carbon dioxide, and other medical dangers. These are unknown risks which may not bear out for years.

83. It is my expert medical opinion that the masking of children in the face of a virus that is half as dangerous to minors as the common flu is to accept a cost-benefit with unknown costs. In such a situation, a policy maker may well decide that the cost is not worth the minor benefit.

As to my expert opinion regarding Medical Facility Capacity:

84. I am aware that some medical facilities are suggesting that the Delta variant of COVID-19 is filling hospitals and medical facilities. Any claim about capacity is a deliberate decision by these facilities to potentially promote vaccination of medical personnel and keep capacity high by letting staff go home when the facility is not full, as capacity is related to the staff available. Hospitals are designed to reduce staff so the occupancy is always high for maximal efficiency.

85. The most obvious way for a layman to see that hospitals are not beyond their actual ability to handle is the reality that the facilities are demanding vaccination of their personnel even when staff members have COVID-19 antibodies.

86. Lastly, Respiratory Syncytial Virus Infection (RSV) is responsible for many of the beds taken currently, which is an unusually prevalent problem at this time. I have noticed that media sources have referred to diminished capacity of medical facilities based on the combination of RSV and COVID-19, without making clear that RSV is the driver of the bed use.

CONCLUSION

In my expert medical opinion, despite the current Delta variant outbreak, increasing likelihood of herd immunity to COVID-19, the low risk to children and adolescents of serious complications or death due to COVID-19, the negligible risk of asymptomatic spread of COVID-19, the vastly improved COVID-19 treatments currently available all make the risks inherent in COVID-19 significantly lower than they were in 2020.

It is my expert medical opinion that the Pfizer vaccine as tested in adolescents age 12-15 does not offer a significant clinical benefit and has a poor benefit to risk ratio. Vaccination to prevent mild viral upper respiratory symptoms in a small fraction (1.6%) of subjects is not justified given the short and longer-term risks of the vaccines.

It is my expert medical opinion that the COVID-19 vaccines are progressively losing efficacy over the prevention of COVID-19 and in widely vaccinated countries up to 80% of COVID-19 cases have been previously vaccinated implying the vaccines have become obsolete with antigenic escape or resistance to variants (e.g. Delta) that have evolved to infect persons who were vaccinated against the now extinct wild-type SARS-CoV-2 strain.

It is my expert medical opinion that it is not good research or clinical practice to widely utilize novel biologic therapy (mRNA, adenoviral DNA COVID-19 vaccines) in populations where there is no information generated from the registrational trials with the FDA, specifically,

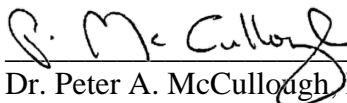
children and adolescents, COVID-19 survivors, suspected COVID-19-recovered, pregnant or women who could become pregnant at any time after investigational vaccines.

In my expert medical opinion, the risks associated with the investigational COVID-19 vaccines, especially those more prevalent among children and adolescents far outweigh any theoretical benefits, are not minor, and many of those risks are unknown or have not been adequately quantified nor has the duration of their consequences been evaluated or is calculable.

In my expert medical opinion, the approval or Emergency Use Authorization and administration of COVID-19 vaccines for children and adolescents aged 12-15 creates an unethical, unreasonable, clinically unjustified, unsafe, and poses an unnecessary risk to the children of the United States of America.

Similarly, the mandatory use of face coverings for children is not warranted in light of their medical agility regarding COVID-19 and the medical dangers of mask use. Even for adults, masks are a very small benefit, at most, and few policy makers are taking into account the medical cost of mandating masks.

Signed August 25, 2021,


Dr. Peter A. McCullough MD, MPH

Friday, August 6, 2021

CURRICULUM VITAE

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Birth date

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Buffalo, NY, USA

EDUCATION

- 1) Certificate of Graduate Liberal Arts Studies: Southern Methodist University, December 17, 2016, principal faculty Dr. Anthony Picchioni, PhD, Adjunct Professor in Human Development, P.O. Box 750181, Dallas, TX 75275, 214-768-3417, www.smu.edu
 - Graduated with Honor
- 2) Master of Public Health: University of Michigan School of Public Health, August 19, 1994, Dean Noreen M. Clark, PhD, 109 Observatory Street, Ann Arbor, MI 48109-2029, phone 734-764-5454, www.sph.umich.edu
 - Major: General Epidemiology
- 3) Doctor of Medicine: University of Texas Southwestern Medical School, June 4, 1988, Dean Bryan M. Williams, MD, 5323 Harry Hines Boulevard, Dallas, TX 75235-9070, 214-648-3111, <http://www.utsouthwestern.edu/education/medical-school/>
 - Clinical year rank of 1 in 199, overall rank in class of 12 in 199
 - Alpha Omega Alpha Texas Gamma Chapter, installed March 17, 1988
- 4) Bachelor of Science: Baylor University, May 18, 1984, Chancellor Abner McCall, PhD, Office of the Registrar, Waco, TX 76798-7056, 254-710-1181, <http://www.baylor.edu/>
 - Double-major: Biology and Psychology
 - Graduated with Honor, degree rank of 29 in 131, university rank of 127 in 1,152

- Alpha Lambda Delta Freshman Honorary, installed March 19, 1981

POSTGRADUATE TRAINING

- 1) Cardiovascular Diseases Fellowship: William Beaumont Hospital (WBH) (presently Oakland University William Beaumont School of Medicine), Division of Cardiology, 3601 W. Thirteen Mile Rd, Royal Oak, MI 48073, 248-551-4198, 7-1-94 to 6-30-97, Chief Cardiovascular Fellow for 1996-97, William W. O'Neill, MD, Program Director and Division Chief
- 2) Internal Medicine Residency: University of Washington School of Medicine, Department of Internal Medicine, 1959 NE Pacific, Seattle, WA 98195, (206) 543-3239, 3-year traditional track, 7-1-88 to 6-30-91, James F. Wallace, MD, Program Director, Paul G. Ramsey, MD, Chairman of Medicine

PROFESSIONAL EXPERIENCE

HeartPlace Baylor Dallas Campus, Texas A & M University College of Medicine, Baylor Dallas Campus, 3409 Worth Street, Suite 500, Dallas TX 75246, March 1, 2021 to present.

Positions Held: 1) Attending Physician

Baylor Scott and White Health, Baylor Health Care System, Baylor University Medical Center (BUMC), Baylor Heart and Vascular Institute, Baylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas TX, Texas A & M University College of Medicine, Department of Medicine, Division of Cardiology, Baylor Heart and Vascular Institute, 621 N. Hall St., #H030, Dallas, TX 75226, February 3, 2014 to February 25, 2021. Cardiovascular Governance Council, Kevin Wheelan, MD, Cardiology Division Chief and Chief Medical Officer, Heart Institute Office (214) 820-7500

Positions Held: 1) Professor in the Principal Faculty, Non-Tenure Track in the Department of Internal Medicine, Texas A & M University Health Sciences Center
 2) Chief of Cardiovascular Research
 3) Program Director, BUMC Cardiovascular Diseases Fellowship Program
 4) Vice Chief, BUMC Internal Medicine

St. John Providence Health System, Providence Park Heart Institute, Department of Medicine, Cardiology Section, 47601 Grand River Avenue, Suite B-125, Novi, MI 48374, September 1, 2010 to July 19, 2013. Department of Medicine Chair, Anibal Drelichman, MD: 248-849-3152, Cardiology Section Chief: Shukri David, MD, 248-465-5955

Positions Held: 1) Chief Academic and Scientific Officer (Academic Dean Equivalent), St. John Providence Health System, (2010 to 2013)
 2) Medical Director, Clinical Lipidology, Department of Medicine, Cardiology Section (2010 to 2013)

William Beaumont Hospital, Department of Internal Medicine, Divisions of Nutrition and Preventive Medicine, Department of Cardiology, 3601 West Thirteen Mile Road, Royal Oak, MI 48073, October 1, 2002 to 2010. Department of Medicine Chair: Michael A. Maddens, M.D., 248-551-0622, Department of Cardiology Chair: David E. Haines, M.D., 248-858-0404

Oakland University William Beaumont School of Medicine, 472 O'Dowd Hall
2200 N. Squirrel, Rochester, MI 48309, Robert Folberg, MD, Medical School Dean, Kenneth Hightower, PhD, Dean of Allied Health Sciences, 248-370-3562. Clinical Professor of Health Sciences and Medicine (2007 to 2010)

Positions Held: 1) Consultant Cardiologist and Chief, Division of Nutrition and Preventive Medicine (2002 to 2010), Department of Internal Medicine
2) Medical Director, Preventive Cardiology (2002 to 2010)
3) Medical Director, Lipid Apheresis Program (2007 to 2010)
4) Medical Director, Weight Control Center (2002-2005)

University of Missouri-Kansas City (UMKC) School of Medicine, Truman Medical Center, Department of Medicine, Cardiology Section, 2301 Holmes St., Kansas City, MO 64108. August 18, 2000-September 30, 2002. Department of Medicine Chair: George R. Reisz, M.D, 816-556-3450

Positions Held: 1) Associate Professor of Medicine (Tenure Track) and Cardiology Section Chief

Henry Ford Health System (HFHS), Henry Ford Heart and Vascular Institute, 2799 W. Grand Blvd., K-14, Detroit, MI 48202, July 1, 1997 to August 16, 2000. Cardiovascular Division Head: W. Douglas Weaver, M.D, 800-653-6568

Positions Held: 1) Assistant Professor of Medicine (Tenure Track), Case Western Reserve University School of Medicine, and HFHVI Senior Staff Cardiologist
Medical Director, Preventive Cardiology, 1999-2000
2) Program Director, Cardiovascular Diseases Fellowship Training Program, 1999-2000
3) Director of Cardiovascular Informatics Section, 1997-2000
4) Associate Director of the Center for Clinical Effectiveness, 1997-99
5) Associate Director of the Cardiovascular Diseases Fellowship Program, 1998-99

Emergency Physicians Medical Group, PC, 2000 Green Road, Suite 300, Ann Arbor, MI 48105, 800-466-3764. Emergency medicine attending at Mission Health McPherson Hospital, Howell, 1991-1997; Oakwood Beyer Hospital Center, Ypsilanti 1991-1997, and Mercy Hospital, Grayling 1991-1992

Positions Held: 1) Associate Member
2) Washtenaw County Human Services Deputy Medical Examiner, 1995-1996

Mercy Internal Medicine Associates, 308 Michigan Avenue, Grayling, MI 49738, Mercy Hospital-Grayling, 1100 Michigan Avenue, Grayling, MI 49738, 517-348-5461. Internal medicine attending at Mercy Hospital, Grayling, MI, 1991-1992

Positions Held: 1) Coronary Care Unit Director
2) Physician Director of Cardiopulmonary Services

SPECIAL TRAINING

- 1) The Healthcare Forum Cardiovascular Health Fellowship, 1998-99
- 2) American Heart Association (AHA), 23rd 10-Day U.S. Seminar on the Epidemiology and Prevention of Cardiovascular Disease, July-August, 1997
- 3) University of Michigan Summer Session in Epidemiology, 1997-99
- 4) Stanford University Course on Medical Informatics, Palo Alto, CA, June, 1997
- 5) Current Practice of Vascular Ultrasound 3-Day Course, Chicago, IL, April, 1997
- 6) Advanced Pacemaker Concepts Course, CPI, Inc., Lansing, MI, 1995
- 7) Pacesetter Comprehensive Pacemaker 4-Day Course, Santa Fe, NM, 1997
- 8) Medtronic Bakken Education Tutorial and Medtronic Applied Physiological Research Laboratory Lead Implantation Training and Biventricular Implantation Training (2 sessions), Minneapolis, MN, 2001-2002
- 9) 2004 ASCeXAM Review Course, American Society of Echocardiography, San Francisco, CA, April 22-24, 2004
- 10) National Lipid Association Masters Course in Clinical Lipidology, Hilton Head, SC, August 21-23, 2008

CERTIFICATION AND LICENSURE

- 1) Licensed in the State of Washington 1988-1997 (#MD00027562), Michigan expires January 31, 2022 (#4301058147), and New York 1992 to present (#189283 inactive status), Missouri 2000-2002 (#2000165365 inactive status) and Texas expires May 31, 2022 (#P9222)
- 2) FLEX passed April 4, 1990, State of Washington, Department of Health, Board of Medical Examiners
- 3) Diplomate, American Board of Internal Medicine, Candidate #136084, September, 25, 1991, recertified May 1, 2001, recertified June 10, 2011, recertified April 6, 2021, valid through 2031, 510 Walnut Street, Suite 1700, Philadelphia, PA 19106-3699
- 4) Diplomate, American Board of Internal Medicine, Cardiovascular Diseases Subspecialty, Candidate #136084, November, 1997, valid through 2007, recertified October 1, 2007, valid through 2017, recertified September 28, 2017, valid through 2027, 510 Walnut Street, Suite 1700, Philadelphia, PA 19106-3699
- 5) Diplomate, American Board of Clinical Lipidology, September 27, 2008, 6816 Southpoint Parkway, Suite 1000, Jacksonville, FL 32216. Fellow, National Lipid Association

- 6) National Board of Echocardiography (NBE), Examination of Special Competence in Adult Echocardiography, 2004-2014 expired
- 7) Diplomate, American Board of Forensic Examiners, July 16, 1996, no expiration date

RECOGNITION

Teaching:

1. Henry Ford Hospital, 1999 Chief Medical Resident's Best Teacher Award

Research:

1. Chest Foundation Young Investigator Award 2001, Philadelphia, PA, November 7, 2001, President's International Awards Ceremony
2. National Kidney Foundation (NKF) of Michigan, Innovations in Health Care Award Finalist 2008, East Lansing, MI, April 17, 2008
3. American College of Cardiology (ACC) Simon Dack Award for Scholarly Excellence by the Journal of the American College of Cardiology, March 5, 2009
4. 11th International Vicenza Award in Critical Care Nephrology, International Renal Research Institute, Vicenza, Italy, June 11, 2013

Postgraduate:

1. Founding Fellow, Cardiorenal Society of America, March 2016
2. Fellow, National Lipid Association, January, 2013
3. Fellow, National Kidney Foundation, January, 2012
4. Fellow, American College of Chest Physicians, February, 2001
5. Fellow, American College of Physicians, January, 2001
6. Fellow, American College of Cardiology, February, 1999

AFFILIATIONS

- 1) Alpha Omega Alpha, National Honor Medical Society, 1988 to present
- 2) American College of Emergency Physicians, Member, 1992-1994
- 3) American College of Forensic Examiners, Member 1996 to present
- 4) AHA, Council on Epidemiology and Prevention, 1995 to present
- 5) AHA, Grassroots Network, 1998-2000.
- 6) Central Society for Clinical Research, Member, 1999-2000
- 7) Council on Geriatric Cardiology, Member 1996-1997
- 8) Michigan Chapter of the ACC, Chair, Annual Cardiology Board Review, 1999-2000
- 9) Michigan State Medical Society, Member, 1997-2000, 2004 to 2009
- 10) The American Medical Informatics Association, 1997-2000
- 11) The Health Forum, Charter Cardiovascular Health Charter Alumni Representative, 1998 to 2002

- 12) Cardiorenal Society of America, Founding Executive Board Member, 2013 to present, Vice President 2014-2016, President 2016 to present
- 13) Dallas County Medical Society, 2014 to present
- 14) Texas Medical Association, 2014 to present
- 15) Baylor Alumni Association, 2015 to present
- 16) New York Academy of Sciences, 2016 to present
- 17) Truth for Health Foundation, Founding Executive Board Member, Chief Medical Advisor, 2021 to present

EDITORIAL RESPONSIBILITIES

- 1) *Advances in Chronic Kidney Disease*, Editorial Board Member, 2003-present. [referenced through Elsevier Bibliographic Database, EMBASE/Excerpta Medica, MEDLINE]
- 2) *American Journal of Cardiology*, Associate Editor, 2014 to present
- 3) *American Journal of Kidney Disease*, [referenced through Elsevier Bibliographic Database, EMBASE/Excerpta Medica, MEDLINE] Associate Editor, 2006 to 2019, Guest Editor, 2011, 2012
- 4) *Arquivos Brasileiros de Cardiologia*, International Editorial Board, 2006 to present
- 5) *Biocritique*, Editorial Board, 2001 to 2013, www.biocritique.com
- 6) *Blood Purification*, Editorial Board 2018 to present
- 7) *Cardiovascular Clinician*, Editorial Board, 2011 to 2013, internet site, CARDIOVASCULARClinician.comTM
- 8) *Cardiovascular Diagnosis and Therapy (CDT)*, Editorial Board (Print ISSN: 2223-3652; Online ISSN: 2223-3660, 2012 to present
- 9) *Cardiovascular Innovations and Applications (CVIA)*, Editorial Board 2015 to present
- 10) *Cardiorenal Medicine*, Associate Editor, 2016-2017, Editor-in-Chief 2018 to present
- 11) *Circulation*, Editorial Board, 2016 to present
- 12) *Circulation Heart Failure*, Editorial Board, 2008 to present, Associate Editor, 2008 to 2016, Guest Editor 2010, 2011, 2012
- 13) *Clinical Exercise Physiology*, Clinical Consultant to the Editorial Board, 1998-2002.
- 14) *Cochrane Renal Group Module*, 2008, Editorial Contributor, Centre for Kidney Research, The Children's Hospital at Westmead, Westmead NSW, Australia
- 15) *Expert Review of Cardiovascular Therapy*, Editorial Advisory Panel, 2002 to present, www.future-drugs.com
- 16) *Journal of the American College of Cardiology*, Editorial Consultant, 2003-present. "Elite Reviewer" Recognition, 2004, 2005, 2006, 2007, 2008, 2011, 2014, 2016 (DeMaria AN. The elite reviewer. J Am Coll Cardiol 2003;41(1):157-8.)
- 17) *Journal of Geriatric Cardiology*, Editorial Board Member, 2003-present. The Institute of Geriatric Cardiology, Chinese PLA Hospital, Beijing. [Joint China-U.S.A. publication]
- 18) *Journal of Biorepository Science for Applied Medicine*, Honorary Editorial Board, 2012 to 2018
- 19) *Journal of Clinical & Experimental Cardiology*, OMICS Publishing Group, Open Access, CrossRef, PubMed, DOAJ, Index Copernicus, Scientific Commons, EBSCO, 2010 to 2017
- 20) *Journal of Diabetes & Metabolism*, OMICS Publishing Group, Open Access, 2010 to 2017

- 21) *Journal of Interventional Cardiology*, “News and Views”, Section Editor, 2000-2003.
Editorial Board Member, 2003 to present
- 22) *Journal of Nephrology and Therapeutics*, Editorial Board, OMICS Publishing Group, Editorial Board, 2010 to 2017
- 23) *Reviews in Cardiovascular Medicine*, MedReviews, LLC, www.medreviews.com “Cardiorenal Function,” Section Editor, 2001-2002, Associate Editor, 2003-2009, Co-Editor, 2009 to present
- 24) *The American College of Cardiology Foundation ACCEL Audio Journal*, Editorial Board 2008 to present
- 25) *The Open Atherosclerosis & Thrombosis Journal*, [referenced through Bentham Open, PubMed, Google and Google Scholar] Editorial Board, 2008 to 2012
- 26) *The Open Heart Failure Journal*, [referenced through Bentham Open, PubMed, Google and Google Scholar] Editorial Board, 2008 to 2010
- 27) *Therapy*, [referenced through Elsevier Bibliographic Database, EMBASE/Excerpta Medica, MEDLINE], Editorial Board, 2008 to 2010

Manuscript Reviewer

- 1) *Advances in Chronic Kidney Disease*, 2004 to present (18)
- 2) *Advances in Medical Sciences*, 2012 to present (2)
- 3) *Advances in Therapy*, 2008 to present (1).
- 4) *American Family Physician*, 2004 to present (2)
- 5) *American Journal of Cardiovascular Drugs*, 2002 to present. (2)
- 6) *American Heart Journal (AHJ)*, 1998 to present (22)
- 7) *American Journal of Cardiology (AJC)*, 1999 to present (60)
- 8) *American Journal of Human Biology*, 2014 to present (1)
- 9) *American Journal of Hypertension*, 2011 to present (1)
- 10) *American Journal of Kidney Diseases (AJKD)*, 2002 to present (30)
- 11) *American Journal of Medicine (AJM)*, 1997 to present (7)
- 12) *American Journal of the Medical Sciences (AJMS)*, 2006 to present (3)
- 13) *American Journal of Nephrology*, 2004 to present (24)
- 14) *American Journal of Physiology: Renal Physiology*, 2006 to present (2)
- 15) *American Journal of Transplantation*, 2004 to present (1)
- 16) *Annals of Epidemiology*, 2004 to present (1)
- 17) *Annals of Internal Medicine*, 2008 to present (3)
- 18) *Annals of Noninvasive Electrocardiology*, 2009 to present (1)
- 19) *Antimicrobial Agents and Chemotherapy*, 2020 to present (1)
- 20) *Archives of Internal Medicine*, 2004 to present (2)
- 21) *Archives of Pathology and Laboratory Medicine*, 2007 to present (1)
- 22) *Arteriosclerosis, Thrombosis, and Vascular Biology*, 2010 to present (2)
- 23) *Autonomic Neuroscience: Basic and Clinical*, 2007 to present (1)
- 24) *BUMC Proceedings*, 2012 to present (3)
- 25) *Biochemia Medica*, 2012 to present (1)
- 26) *Biomed Central (BMC) Medical Imaging*, 2010 to present (1)

- 27) *Blood Purification*, 2010 to present (2)
- 28) *BMC Medicine*, 2007 to present (1)
- 29) *BMC Nephrology*, 2011 to present (1)
- 30) *BMJ Clinical Evidence*, 2008 to present (1)
- 31) *British Medical Journal (BMJ)*, 2009 to present (1)
- 32) *Canadian Medical Association Journal (CMAJ)*, 2006 to present (3)
- 33) *Cardiac Failure Review*, 2015 to present (1)
- 34) *Cardiology*, 2007 to present (1)
- 35) *Cardiorenal Medicine*; 2013 to present (10)
- 36) *Cardiovascular Innovations and Applications*, 2016 to present (1)
- 37) *Cardiovascular Therapeutics*, 2010 to present (1)
- 38) *Catheterization and Cardiovascular Interventions*, 2000 to present (6)
- 39) *Chest*, 2000 to present (6)
- 40) *Circulation*, 1998 to present (100)
- 41) *Circulation Cardiovascular Interventions*, 2012 to present (1)
- 42) *Circulation Cardiovascular Quality and Outcomes*, 2010 to present (1)
- 43) *Circulation Heart Failure*, 2009 to present (4)
- 44) *Circulation Imaging*, 2012 to present (1)
- 45) *Cleveland Clinic Journal of Medicine*, 2008 to present (1)
- 46) *Clinica Chimica Acta*, 2013 (1)
- 47) *Clinical Cardiology*, 2001 (3)
- 48) *Clinical Chemistry and Laboratory Medicine*, 2010 to present (2)
- 49) *Clinical Exercise Physiology*, 2000-2002 (4)
- 50) *Clinical Journal of the American Society of Nephrology* 2008 to present (3)
- 51) *Clinical Kidney Journal*, 2012 to present (1)
- 52) *Clinical Medicine and Research*, 2008 to present (1)
- 53) *Clinical Nephrology*, 2008 to present (2)
- 54) *Clinical Physiology and Functional Imaging*, 2010 to present (1)
- 55) *Clinical Researcher*, 2002 to present (1)
- 56) *Clinics*, 2010 to present (1)
- 57) *Cochrane Collaboration*, 2009 to present (2)
- 58) *Congestive Heart Failure*, 2005 to present (4)
- 59) *Coronary Artery Disease*, 2005 to present (1)
- 60) *Critical Care Medicine*, 2008 to present (2)
- 61) *Current Medical Research and Opinion*, 2005 to present (1)
- 62) *Diabetes Care*, 2011 to present (2)
- 63) *Diabetes and Vascular Disease Research*, 2011 to present (1)
- 64) *Diabetes, Obesity, and Metabolism*, 2019 to present (1)
- 65) *Diabetic Medicine*, 2008 to present (1)
- 66) *Drug Benefit Trends*, 1999 (1)
- 67) *Drugs*, 2000 (2)
- 68) *European Heart Journal*, 1995 (12)
- 69) *European Journal of Cardiovascular Prevention and Rehabilitation*, 2006 (1)
- 70) *European Journal of Heart Failure*, 2012 (4)

- 71) *Expert Opinion on Pharmacotherapy*, 2003 to present (3)
- 72) *Expert Opinion Therapeutic Patents*, 2004 to present (1)
- 73) *Expert Review of Cardiovascular Therapy*, 2008 to present (2)
- 74) *Global Heart*, 2012 (1)
- 75) *Heart*, 2004 (2)
- 76) *Heart and Vessels*, 2007 (2)
- 77) *Hemodialysis International* 2013 (2)
- 78) *Internal Medicine Journal (Australasia)*, 2009 to present (1)

- 79) *International Journal of Infectious Diseases* 2020 to present (2)
- 80) *International Journal of Nephrology*, 2010 to present (2)
- 81) *Journal of Biomarkers*, 2013 (1)
- 82) *Journal of Geriatric Cardiology*, 2017 (1)
- 83) *International Journal of Infectious Diseases*, 2021 to present (3)
- 84) *Journal of Internal Medicine*, 2009 to present (1)
- 85) *Journal of Interventional Cardiology (JIC)*, 1996 to present (9)
- 86) *Journal of the American College of Cardiology (JACC)*, 1998 to present (228)
- 87) *Journal of the American College of Cardiology: Heart Failure (JACC Heart Fail)*, 2014 to present (12)
- 88) *Journal of the American College of Cardiology: Imaging (JACC Imag)*, 2014 to present (6)
- 89) *Journal of the American College of Cardiology: Interventions (JACC Interv)*, 2010 to present (10)
- 90) *Journal of the American Medical Association (JAMA)*, 2002 to present (60)
- 91) *Journal of the American Medical Association Cardiology (JAMA Cardiology)*, 2016 to present (20)
- 92) *Journal of the American Society of Echocardiography (JASE)*, 2009 to present (1)
- 93) *Journal of the American Society of Nephrology (JASN)* 2005 to present (14)
- 94) *Journal of Cardiac Failure*, 2003 to present (10)
- 95) *Journal of Clinical Outcomes Management*, 2011 to present (1)
- 96) *Journal of Critical Care*, 2011, to present (1)
- 97) *Journal of General Internal Medicine*, 2008 to present (1)
- 98) *Journal of Human Hypertension*, 2010 to present (1)
- 99) *Journal of Inherited Metabolic Disease*, 2014 to present (2)
- 100) *Journal of Lipid Research*, 2010 to present (1)
- 101) *Journal of Managed Care*, 2004 to present (1)
- 102) *Journal of Physiology and Pathophysiology*, 2009 to present (1)
- 103) *Kidney and High Blood Pressure Research*, 2008 to present (1)
- 104) *Kidney International*, 2004 to present (8)
- 105) *Medical Science Monitor*, 2008 to present (1)
- 106) *Medicine & Science in Sports and Exercise*, 2005 to present (3)
- 107) *Nature Clinical Practice Cardiovascular Medicine*, 2004 to present (4)
- 108) *Nature Clinical Practice Nephrology*, 2008 to present (1)
- 109) *Nature Reviews Nephrology*, 2009 to present (3)
- 110) *Nephron*, 2005 to present (1)

- 111) *Nephrology*, 2009 to present (1)
- 112) *Nephrology, Dialysis, and Transplantation*, 2005 to present (7)
- 113) *New England Journal of Medicine*, 2006 to present (8)
- 114) *Pharmacological Research (Italy)*, 1999 (1)
- 115) *Pharmaceutical Sciences*, 2011 (1)
- 116) *PLoS Medicine*, 2005 (1)
- 117) *PLOS ONE*, 2013 (1)
- 118) *Prehospital Emergency Care*, 2015 (1)
- 119) *Preventive Medicine*, 2008 (1)
- 120) *Rejuvenation Research*, 2007 (1)
- 121) *Renal Failure*, 2011 (2)
- 122) *The Lancet*, 1999 to present (11)
- 123) *The Lancet Diabetes*, 2013 to present (5)
- 124) *The Lancet Global Health*, 2015 to present (2)

Major Meeting Abstract Grader

- 1) ACC Scientific Sessions 2001 to present (10)
- 2) ACC I2 Summit, 2006 to present (2)
- 3) American Diabetes Association, 2008 to present (13)
- 4) AHA Scientific Sessions, 1997 to present (8)
- 5) American Medical Informatics Association, Annual Symposium, 1998-2001 (3)
- 6) International Academy of Cardiology World Congress on Heart Disease, Academy of Cardiology Annual Scientific Sessions—Mechanisms and Management, 2002-present (3)
- 7) Transcatheter Therapeutics (TCT), 2004 (1)

Grant Reviewer

- 1. National Medical Research Council, Singapore, 2003-2004
- 2. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Special Emphasis Panel/Initial Review Group 2006/01 ZDK1 GRB-9, 2005
- 3. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Special Emphasis Review Group, 1 R01 DK070033-01A2, 2006
- 4. National Institutes of Health, National Heart Lung and Blood Institute, Study Section, ZHL1 CSR-H (M1), March 6-7, 2006, Heart Failure Network
- 5. Diabetes UK, The British Diabetic Association, Macleod House, 10 Parkway, London NW1 7AA. December 24, 2008
- 6. National Institutes of Health National Institute of Diabetes and Digestive and Kidney Diseases, Special Review Panel, Chronic Renal Insufficiency Cohort Study (CRIC) and A Prospective Cohort Study of Kidney Disease in Children (CKiD) Study, February 23-25, 2012, March 6, 2013
- 7. National Institutes of Health National Institute of Diabetes and Digestive and Kidney Diseases, Special Review Panel, ZDK1 GRB-7 (O3)S in response to PAR-DK-09-247: Ancillary

Studies to Major Ongoing Clinical Research Studies to Advance Areas of Scientific Interest within the Mission of the NIDDK (R01), July 11, 2012

8. Alberta Innovates Health Solutions Collaborative Research & Innovation Opportunities (CRIO) Grant Review, September, 2012
9. Health Research Board of Ireland, Health Research Awards, 2013
10. National Institutes of Health National Institute of Diabetes and Digestive and Kidney Diseases 2017/01 ZRG1 DKUS-R (55) Study Section 2016

Guidelines Reviewer

1. Kidney Disease Improving Global Outcome (KDIGO) Guidelines Review
 - a. Prevention, Diagnosis, Evaluation and Treatment of Hepatitis C in Chronic Kidney Disease, Published April, 2008
 - b. Diagnosis, Evaluation, Prevention and Treatment of Chronic Kidney Disease related Mineral and Bone Disorders (CKD-MBD), Published August, 2009
 - c. Acute Kidney Injury (AKI), published March, 2012

CLINICAL TRIAL AND STUDY RESPONSIBILITIES

Overall Study Responsibilities: Steering and Executive Committees

- 1) Study Principal Investigator, Medicine vs Angiography for Thrombolytic Exclusion Patients (M.A.T.E.), 1994-1997, (multicenter, U.S., randomized controlled trial [RCT]). Status: closed.
- 2) Study Principal Investigator, The Resource Utilization Among Congestive Heart Failure Study (R.E.A.C.H.), 1998-2000, (single-center, prospective cohort study). Status: closed.
- 3) Study Principal Investigator, The Asthma, Beta-Agonists, and Congestive Heart Failure Study, (A.B.C.H.F.), 1998-1999, (single-center, case-control study). Status: closed.
- 4) Study Co-Principal Investigator, The Prevention of Radiocontrast Induced Nephropathy Clinical Evaluation (P.R.I.N.C.E.) Study, 1995-1998, (single-center, RCT). Status: closed.
- 5) Study Co-Principal Investigator, BNP Multinational Study, Principal Investigator, Alan Maisel, MD, Biosite Diagnostics, Inc., 2000-2006, (multicenter, international, prospective cohort study). Status: closed.
- 6) Study Co-Investigator, Prophylactic Oral Amiodarone Compared to Placebo for Prevention of Atrial Fibrillation Following Coronary Artery Bypass Graft Surgery (P.A.P.A.C.A.B.G.), 1996-1998, (single-center, RCT). Status: closed.

- 7) Study Co-Investigator, Rapid Early Bedside Markers of Myocardial Injury, 1998-1999, HFHS and Biosite Diagnostics, Inc. (prospective cohort study). Status: closed.
- 8) Member, Steering Committee, Clinical Study Protocol No. 2000-025: A Phase IIIb, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Determine the Safety, Efficacy, and Tolerability of Fenoldopam Mesylate in Subjects Undergoing Interventional Cardiology Procedures (CONTRAST), William W. O'Neill, MD and Gregg Stone, MD, Co-Principal Investigators, Abbott Laboratories, Inc., 2000-2003 (multicenter, US, RCT). Status: closed.
- 9) Chair, National Steering Committee, Kidney Early Evaluation Program (KEEP) NKF, Member 2000-2005, Co-Chair 2005-2010, Chair 2010-present (multicenter, U.S., prospective cohort study). Annual budget ~\$1,325,198 (2009), ~\$1,233,832 (2010), ~\$1,614,953.00 (2011), ~\$989,500 (2012), ~\$1,217,000 (2013). Status: inactive.
- 10) Member, Steering Committee, Protocol No. 704.351 Evaluation of Synergy between Natrekor and Furosemide on Renal and Neurohormone Responses in Chronic Heart Failure: A Phase IV Study, Scios Inc., 2003-2005 (multicenter, U.S., randomized cross-over trial). Status: closed.
- 11) Member, Steering Committee, Protocol No. CCIB002FUS12. A Multicenter, Double-blind, Randomized, Parallel Group Study to Evaluate the Effects of Lotrel and Lotensin HCT on Microalbuminuria in Mild to Moderate Hypertensive Subjects with Type 2 Diabetes Mellitus, Novartis Pharmaceuticals, Inc., 2003-2006. Status: closed.
- 12) Rotating Executive Committee Principal Investigator Member, NIH HF-ACTION Trial (Exercise Training Program to Improve Clinical Outcomes in Individuals With Congestive Heart Failure), HL63747 01A2, 2006-2009. Principal Investigator, David Whellan, MD, status: closed.
- 13) Overall Study Principal Investigator, Neutrophil Gelatinase-Associated Lipocalin: A Novel Blood Marker for Risk of Developing Contrast Induced Nephropathy (ENCINO), multicenter, prospective, blinded cohort study, 2006-2009, status: closed.
- 14) Member, Steering Committee, VA NEPHRON-D: Diabetes iN Nephropathy Study, 2008 to 2013, trial stopped early for safety cardiovascular and acute kidney safety concerns in angiotensin converting enzyme inhibitor plus losartan arm, status: closed.
- 15) Member, External Expert Panel, National Institutes of Health, National Institute of Digestive and Diabetes and Kidney Diseases, Chronic Renal Insufficiency Cohort Study, status open, 2010 to present.
- 16) Member, Optimal Medical Management Subcommittee, National Institutes of Health, National Heart Lung and Blood Institute, International Study of Comparative Health

Effectiveness with Medical and Invasive Approaches (ISCHEMIA), status: open, 2011 to present.

- 17) Member, Steering Committee, National Institutes of Health, National Heart Lung and Blood Institute, International Study of Comparative Health Effectiveness with Medical and Invasive Approaches (ISCHEMIA) in patients with Chronic Kidney Disease (ISCHEMIA-CKD), status: open, 2012 to present.
- 18) Member, Steering Committee, Thrasos Innovation, Inc, A Phase II Multi-Center, Parallel-Group, Randomized, Double Blind, Proof-of-Concept, Adaptive Study Investigating the Safety and Efficacy of THR-184 Administered via Intravenous Infusion in Patients at Increased Risk of Developing Cardiac Surgery Associated-Acute Kidney Injury (CSA-AKI), status: closed, 2012 to 2015.
- 19) Overall Principal Investigator, AbbVie, Inc, Clinical Study Protocol M13-796, A Phase 2b, Randomized, Double-Blind, Placebo-Controlled, Safety and Efficacy Trial of Multiple Dosing Regimens of ABT-719 for the Prevention of Acute Kidney Injury in Subjects Undergoing High Risk Cardiac Surgery, status: closed, 2013 to 2014.
- 20) Overall Principal Investigator, Bioporto, Inc, The NGAL Test™ As An Aid in the risk assessment for AKI stage II and III in an Intensive Care Population, status: open 2017 to present.
- 21) Member, Global Expert Panel, Novo Nordisk, Inc, A Research Study to See How Semaglutide Works Compared to Placebo in People With Type 2 Diabetes and Chronic Kidney Disease (FLOW), status: open.

Overall Study Responsibilities: Endpoint Committees

- 1) Member, Critical Endpoints Committee, Treat Angina with Aggrastat and Determine Cost of Therapy with an Invasive or Conservative Strategy, TACTICS-TIMI 18 (Protocol 019-00), 1998-2000, (multicenter, international, RCT). Status: closed
- 2) Member, Study Endpoints Committee, A Phase II, Escalation Trial of Vasoflux™ in Patients Undergoing Thrombolysis with Streptokinase for Acute Myocardial Infarction, Protocol CLN-P-V18-07001, Parexel International Corporation, 1998, (multicenter, international, RCT). Status: closed
- 3) Member, Safety Endpoint Evaluation Committee, A Phase III, Single-Blind Controlled Study to Evaluate the Clinical Effects of a Hemoglobin-based Oxygen Carrier (HBOC-210) Given as a Transfusion Alternative in Patients Undergoing Orthopedic Surgery. (Protocol HEM-0115), Biopure Corporation with Quintiles, Inc., Clinical Event and Adjudication Services, 2000-2001. (multicenter, international, RCT). Status: closed

- 4) Member, Critical Endpoints Committee, Cerivastatin Heart Outcomes in Renal Disease: Understanding Survival (C.H.O.R.U.S.), Barry Brenner, MD and William F. Keane, MD, Co-Principal Investigators, Bayer Inc., 2000-2003 (multicenter, international, RCT). Status: study terminated early due to drug withdrawal from market
- 5) Member, Clinical Events Classification Committee, Correction of Hemoglobin and Outcomes in Renal Insufficiency (CHOIR), Ajay Singh, MD, Donal Reddan, MBBS, Principal Investigators, Ortho Biotech Inc., 2001-2004 (multicenter, international, RCT). Status: closed
- 6) Member, Critical Endpoint Committee, A Randomised, Double-blind, Parallel Group, Phase 3, Efficacy and Safety Study of AZD6140 (Ticagrelor) Compared with Clopidogrel for Prevention of Vascular Events in Patients with Non-ST or ST Elevation Acute Coronary Syndromes (ACS) [PLATO – A Study of PLATelet inhibition and Patient Outcomes.], AstraZeneca, Inc., Duke Clinical Research Institute, 2008, status: closed
- 7) Chair, Clinical Endpoints Committee, Alere San Diego, Inc, Alere Prospective Blinded Study of a Novel Troponin Assay (PEARL), status: closed 2015
- 8) Chair, Adjudication Committee, Myeloperoxidase In the Diagnosis of Acute coronary Syndromes (MIDAS) study, Alere, Inc., status: closed 2012
- 9) Independent Endpoint Adjudicator, BioPorto Diagnostics, The NGAL test as an aid for the Diagnosis of AKI in an Intensive Care Population, Code of the Study: KLIN 12-005, status closed, 2015
- 10) Independent Endpoint Adjudicator, Ischemix, Inc., Safety and Efficacy of CMX-2043 for Protection of the Heart and Kidneys in Subjects Undergoing Coronary Angiography (CARIN), status: closed 2016
- 11) Chair, Data Adjudication Committee, Estimating versus Measuring Plasma Volume and Kidney Function in Acute Decompensated Congestive Heart Failure, Eudra-CT Number 2018-002638-18, Sponsor: Charite-Universitätsmedizin Berlin, FAST Biomedical, Inc, 2018-present

Overall Study Responsibilities: Data Safety Monitoring Committees

- 1) Member, External Advisory Committee/Data Safety Monitoring Board, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Polycystic Kidney Disease (PKD) Clinical Trials Network HALT-PKD Trial, Robert Schrier, MD, Principal Investigator, Committee Chair: William Henrich, MD, 2004-2008, Data Safety Monitoring Board, status: closed 2014
- 2) Chairman, Data Safety Monitoring Committee, Clinical Trials Program CS0011-A-U301, Daiichi Sankyo Pharma Development (DSPD) CS-011, Seven Core Trials of Rivoglitazone in Type 2 Diabetes: 1) A 26-week placebo-controlled trial of 1.0 and 1.5 mg rivoglitazone vs.

45 mg pioglitazone, as monotherapy in type 2 diabetics (CS0011-A-U301); 2) A 26-week placebo-controlled trial of 0.5, 1.0 and 1.5 mg rivoglitazone vs. 15, 30 and 45 mg pioglitazone, as monotherapy in type 2 diabetics (CS0011-A-U302); 3) A 26-week placebo-controlled trial of 1.0 and 1.5 mg rivoglitazone vs. 45 mg pioglitazone, in type 2 diabetics on metformin therapy, followed by a 26-week pioglitazone-controlled continuation period (CS0011-A-U303); 4) A 26-week placebo-controlled trial of 0.5 and 1.0 mg rivoglitazone vs. 30 mg pioglitazone, in type 2 diabetics on sulfonylureas therapy, followed by a 26-week pioglitazone-controlled continuation period (CS0011-A-U304); 5) A 26-week placebo-controlled trial of 0.5 and 1.0 mg rivoglitazone vs. 15 mg pioglitazone in type 2 diabetics on insulin therapy (CS0011-A-U305); 6) A long-term (12-24 months) randomized, general efficacy and safety study of rivoglitazone vs. pioglitazone, as monotherapy or add-on therapy, in type 2 diabetics (CS0011-A-U306); 7) A 26-week placebo-controlled trial of rivoglitazone and metformin, in type 2 diabetics (CS0011-A-U307), USFDA Special Protocol Assessment Agreement granted, status: closed, 2009 trials program terminated

- 3) Member, Data Safety Monitoring Committee, A Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate Cardiovascular Outcomes Following Treatment with Alogliptin in Addition to Standard of Care in Subjects with Type 2 Diabetes and Acute Coronary Syndrome SYR322_402, EXAMINE Trial Takeda Global Research and Development Center, Inc. (US) Takeda Global Research and Development Centre, Ltd. (Europe), status: 2009 trial stopped early for non-inferiority but futility on superiority outcome
- 4) Chair, Data Safety Monitoring Committee, Protocol D9120C00019, A randomised, double-blind, placebo controlled, multi-centre phase IIb dose finding study to assess the effect on GERD symptoms, safety and tolerability during four weeks treatment with AZD3355 in doses 60 mg, 120 mg, 180 mg and 240 mg bid as add-on treatment to a PPI in patients with GERD that are partial responders to PPI treatment, AstraZeneca, status: closed 2009, trials program terminated for safety
- 5) Member, Data Safety Monitoring Committee, Protocols: AMAG-FER-IDA-301, A Phase III, Randomized, Double-Blind, Placebo-Controlled Trial of Ferumoxytol for the Treatment of Iron Deficiency Anemia, Protocol: AMAG-FER-IDA-302, A Phase III, Randomized, Open-Label, Active Controlled Trial Comparing Ferumoxytol with Iron Sucrose for the Treatment of Iron Deficiency Anemia, Protocol: AMAG-FER-IDA-303, A Phase III, Open-Label Extension, Trial of the Safety and Efficacy of Ferumoxytol for the Episodic Treatment of Iron Deficiency Anemia, AMAG Pharmaceuticals, Inc., status: closed 2010, trial completed in 2013 without safety concerns
- 6) Chair, Independent Data Monitoring Committee, Protocol 402-C-0903 Bardoxolone Methyl Evaluation in Patients with Chronic Kidney Disease and Type 2 Diabetes: the Occurrence of Renal Events (BEACON), Reata Pharmaceuticals, Inc., status: trial stopped in 2012 early for cardiovascular and mortality safety concerns

- 7) Member, Independent Safety Council, Affymax Inc and Takeda Pharmaceutical Co., Omontys (peginesatide), status: closed, post-marketing surveillance led to voluntary drug withdrawal from market in 2013 for serious and fatal allergic reactions
- 8) Chair, Independent Data Monitoring Committee, AbbVie, Inc, Clinical Study Protocol M11-352 A Randomized, Multicountry, Multicenter, Double Blind, Parallel, Placebo-Controlled Study of the Effects of Atrasentan on Renal Outcomes in Subjects with Type 2 Diabetes and Nephropathy SONAR: Study Of Diabetic Nephropathy with Atrasentan, status closed 2018
- 9) Chair, Independent Data Monitoring Committee, AbbVie, Inc., Clinical Study Protocol M13-958 A Phase 2b, Randomized, Double-Blind, Placebo-Controlled, Safety and Efficacy Trial of Multiple Dosing Regimens of ABT-719 for the Prevention of Acute Kidney Injury in Subjects Undergoing High Risk Major Surgery, status: closed 2015
- 10) Member, Data Monitoring Committee, Akebia Therapeutics, Inc., AKB-6548-CI-0007, Phase 2b Randomized, Double-Blind, Placebo-Controlled Study to Assess the Pharmacodynamic Response, Safety, and Tolerability to 20 Weeks of Oral Dosing of AKB-6548 in Subjects with Anemia Secondary to Chronic Kidney Disease (CKD), GFR Categories G3a-G5 (Stages 3, 4, and 5) (Pre-Dialysis), status: closed 2015
- 11) Member, Study Monitoring Team, Akebia Therapeutics, Inc., AKB-6548-CI-0011, Phase 2a Open-Label Study to Assess the Efficacy, Safety, and Tolerability of AKB-6548 in Subjects with Anemia Secondary to End Stage Renal Disease (ESRD), Undergoing Chronic Hemodialysis, status: closed 2016
- 12) Member, Data Monitoring Committee, Merck, Inc., Pfizer, Inc, Clinical Trials Program, Ertugliflozin (MK-8835/PF-04971729) Phase 2 and Phase 3 Development Program, status closed, 2012 to 2020
- 13) Member, Steering Committee, Medtronic, Inc., Monitoring in Dialysis, status: closed 2016
- 14) Member, Data Safety and Monitoring Board, St. Jude Medical, EnlighTN IV Multi-center, randomized, single-blind, sham controlled clinical investigation of renal denervation for uncontrolled hypertension, status: 2013 trial terminated before recruitment started
- 15) Chair, Data Safety Monitoring Board, Neumedicines, Inc., A Phase 2, Single-Dose, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of HemaMax™ (rHuIL-12) in Healthy Subjects, status: closed 2016
- 16) Chair, Data Safety Monitoring Board, Reata Pharmaceuticals, Inc., A Phase 2 Study of the Safety, Efficacy, and Pharmacodynamics of RTA 408 in the Treatment of Friedreich's Ataxia, 2014 to 2019, status: closed

- 17) Chair, Data Safety Monitoring Board, Reata Pharmaceuticals, Inc., A Phase 2 Study of the Safety, Efficacy, and Pharmacodynamics of RTA 408 in the Treatment of Mitochondrial Myopathy, 2015 to 2019, status: closed
- 18) Member, Patient Safety Review Committee, Reata Pharmaceuticals, Inc, A dose-ranging study of the efficacy and safety of Bardoxolone Methyl in patients with pulmonary arterial hypertension (402-C-1302), 2014 to 2018, status: closed
- 19) Chair, Data Safety Monitoring Board, Reata Pharmaceuticals, Inc., A Study of the Efficacy and Safety of Bardoxolone Methyl in Patients with Connective Tissue Disease-Associated Pulmonary Arterial Hypertension (CATALYST), 2016 to present, status: closed
- 20) Chair, Data Safety Monitoring Board, Reata Pharmaceuticals, Inc., A Phase 2/3 of Efficacy and Safety of Bardoxolone Methyl in Patients with Alport Syndrome (CARDINAL), 2017 to present, status: closed
- 21) Chair, Data Safety Monitoring Board, Sanfit, Inc., A double-blind, randomised, placebo-controlled study to assess the effect of SNF472 on progression of cardiovascular calcification on top of standard of care in end-stage-renal-disease (ESRD) patients on haemodialysis (HD) SNFCT2015-05, 2017 to 2019, status: closed
- 22) Chair, Data Monitoring Committee, Renew Research, KAI Research, A Randomized Pivotal Study of Renew™ NCP-5 for the Treatment of Mild Cognitive Impairment due to Alzheimer's Disease or Mild Dementia of the Alzheimer's Type, 2018 to present, status: closed
- 23) Chair, Data Safety Monitoring Committee, Sanofi, Inc, Multicenter, randomized, double-blind, placebo-controlled two stage study to characterize the efficacy, safety, tolerability and pharmacokinetics of GZ/SAR402671 in patients at risk of rapidly progressive Autosomal Dominant Polycystic Kidney Disease (ADPKD) STUDY NUMBER: EFC15392 STUDY NAME: SAVE-PKD COMPOUND: GZ/SAR402671, 2018 to present, status: open
- 24) Chair, Data Safety Monitoring Board, National Institutes of Health, National Heart, Lung and Blood Institute R34 NHLBI Clinical Trial Pilot Studies (R34) Reducing Arrhythmia in Dialysis by Adjusting the Rx Electrolytes/Ultrafiltration (RADAR), David Charytan, MD, PI, 2019 to present, status: open
- 25) Chair, Data Safety Monitoring Board, GZ402671 EFC15392 Multicenter, randomized, double-blind, placebo-controlled two stage study to characterize the efficacy, safety, tolerability and pharmacokinetics of GZ/SAR402671 in patients at risk of rapidly progressive Autosomal Dominant Polycystic Kidney Disease (ADPKD), Sanofi, status: open
- 26) Chair, Data Safety Monitoring Board, MEDI3506, Trials Portfolio, D9182C00001 A Phase 2 Randomized, Double-blinded, Placebo-controlled Study to Evaluate the Efficacy and Safety

of MEDI3506 in Adult Subjects with Moderate-to-severe Atopic Dermatitis; D9181C00001 A Phase II, Randomised, Double-blind, Placebo-controlled Study to Assess the Efficacy and Safety of MEDI3506 in Adult Participants with Uncontrolled Moderate-to-severe Asthma; D9180C00002 A Phase II, Randomized, Double-blind, Placebo-controlled Study to Assess the Efficacy, Safety and Tolerability of MEDI3506 in Participants with Moderate to Severe Chronic Obstructive Pulmonary Disease and Chronic Bronchitis (FRONTIER 4); D9183C00001 A Phase 2b Randomized, Double-blind, Placebo-controlled, Study to Evaluate the Efficacy and Safety of MEDI3506 in Subjects with Diabetic Kidney Disease, Axio Inc, A Cytel Company, status: open

GRANT AWARDS

Original Research Grants

- G1) London JF (PI), Bis KG, Juni JE, Wilke N, DiCarli MF, Shetty AN, **McCullough PA**, Timmis GC. Magnetic Resonance vs. Positron Emission Tomography for the Detection of Myocardial Viability. Bracco Diagnostics Inc./SCA&I Grant, \$25,000 (WBH RC-453), 1997-98. Additional WBH Research Institute Mini-grant, \$5,000 (WBH Grant #RC-748). Level of involvement: author of the variable definitions, endpoints, and data analysis sections, 0% FTE. Status: closed 1998
- G2) **McCullough PA** (PI), Shah S, Noor H, Marks KR, McCabe KB, Zong L, McCord J, Khoury N, Ulcickas-Yood M, Ward RE. Diagnostic Accuracy of an Emergency Department Clinical Decision Unit in the Evaluation of Chest Pain. HFHS Small Projects Fund \$10,000 (HFHS Grant #A30785), 0% FTE. Status: closed 1997
- G3) Keteyian SJ (Co-PI), **McCullough PA** (Co-PI), Brawner CA, Rosman HS, Stein P, Weaver WD. A Prospective Study of Case Identification and Triage of Patients Eligible for Cardiac Rehabilitation. Merck & Co., U.S. Human Health, \$30,000 (HFHS Grant #E18037), 3% FTE. Status: closed 1998
- G4) **McCullough PA**. Novel Methods for Identifying High-Risk Patients for Subsequent Cardiovascular Events. Merck & Co., U.S. Human Health, \$20,000 (HFHS Grant #M1060), 0% FTE. Status: closed 1998
- G5) **McCullough PA**. Cardiovascular Informatics Development Award. Pfizer, Inc., \$10,000 (HFHS Grant #E60022), 0% FTE. Status: closed 1998
- G6) **McCullough PA**, Yee J, Soman S, Sallach J, Borzak S, Foreback C, Monaghan K, Tisdale JE, Bailey E, Bola P, Chase G, Marks KR, Weaver WD. A Prospective Dose-Ranging Trial of Folic Acid to Reduce Total Homocyst(e)ine Levels in Patients with End-Stage Renal Disease Undergoing Hemodialysis. HFHS Project Development Fund \$10,000 (HFHS Grant #A20003), 0% FTE. Status: closed 1999

- G7) **McCullough PA**. NuStep Recumbent Cross Trainer Product Development Pilot Study, NuStep, Inc., (single center, prospective pilot study), \$12,500.00, (WBH Grant #RC- 08-94847). Status: closed 2005
- G8) **McCullough PA**, Secondary Analyses from the PRINCE Trial, (single center data analysis), \$20,000, PLC Medical, Inc., (WBH #RC 08-94851) Status: closed 2005
- G9) **McCullough PA**, Sullivan RA. A Systematic Review of Vascular Calcification in Patients with Chronic Kidney Disease and End-Stage Renal Disease, 2002-2003, Braintree Labs, Inc., \$40,000, 25% FTE (WBH Grant #RC 08-94833) Status: closed 2003
- G10) Pasas SA, Davies MI, **McCullough PA**. Determination of Protein-bound Homocysteine in Human Plasma using Capillary Electrophoresis with Electrochemical Detection in Patients with Chronic Kidney Disease, 2003-2004, AHA Predoctoral Fellowship Program (Pasas), \$38,000, 15% FTE (UMKC Grant #). Status: closed 2003
- G11) Collins AC, Gladstone E, Robitscher JW, **McCullough PA**, Klag M, Narva A, Gilberston D for the NKF. Demonstration project: state-based screening for chronic kidney disease. Response to CDC-RFA-DP06-004, demonstration project for identifying individuals at high-risk for CKD in the US. Centers for Disease Control, \$1,199,609, 12% FTE Status: closed 2007
- G12) **McCullough PA**, Principal Investigator. Neutrophil Gelatinase-Associated Lipocalin (NGAL): A Novel Blood Marker for Risk of Developing Contrast-Induced Nephropathy (ENCINO). Biosite/Inovise, Inc., \$229,000.00 (WBH #RC-94862), 0% FTE Status: closed 2009
- G13) Agrawal V, Barnes M, **McCullough PA**. Evaluation of CKD awareness in medical residents. WBH intramural mini-grant R/C# 98662, \$10,000.00, 0% FTE Status: closed 2008
- G14) **McCullough PA**, overall Principal Investigator transferred to Zalesin K. FDA Investigational New Drug Exemption (INDE) #060672. A Prospective, Randomized, Placebo-Controlled, Parallel-Group, Pilot Trial of Paricalcitol in the Treatment of Hyperparathyroidism in Patients after Roux-en-Y Gastric Bypass Surgery with Chronic Kidney Disease, Abbott Laboratories, Inc., \$496,600.00 (WBH #RC-90290), 0% FTE Status: closed 2009
- G15) **McCullough PA**, overall Principal Investigator transferred to Miller WM, FDA INDE #107750. Investigator Initiated Study. A Prospective, Double-Blind, Randomized, Parallel Group, Placebo-Controlled Trial of Aliskiren versus Placebo in Non-Diabetic, Normotensive Obese Patients with Microalbuminuria, Novartis, Inc., \$339,400.00 (WBH #RC-90345), Status: closed 2010

- G16) **McCullough PA**, overall Principal Investigator. Investigator Initiated Study, FDA Investigational New Drug (IND) #74707. A Phase 2, randomized, double-blind, placebo-controlled trial, to assess the efficacy and safety of deferiprone in the reduction of markers of contrast-induced acute oxidative kidney injury. Cormedix, Inc, \$857,745 (includes \$101,442 for Beaumont Research Coordinating Center). Study centers included Providence Hospital and Medical Center Southfield, St. John Hospital and Medical Center, Detroit, Northern Michigan Hospitals, Petoskey, MI, St. Vincent's Hospital, Indianapolis, IN, Fairfield Cardiac Cath Labs, LLC, Fairfield, OH, Oklahoma Heart Hospital, Oklahoma City, OK, Ohio Health Research Institute, Columbus, OH, Mercy St. Vincent Hospital, Toledo, OH, Status: closed 2011
- G17) **McCullough PA**, overall study Principal Investigator, A Prospective Randomized Parallel-Group Controlled Trial of Multiple Blood Biomarkers in the Personalized Management of Chronic Heart Failure, Baylor IRB 014-252, Baylor Foundation, 2014, \$78,639.20, status: closed 2016.
- G18) **McCullough PA**, overall study Principal Investigator, Baylor Hypertrophic Cardiomyopathy Program Development Project: Time-resolved, 3D phase contrast magnetic resonance imaging (MRI) (4D Flow) and Advanced Strain Rate Echocardiography in Patients with Hypertrophic Cardiomyopathy, Baylor IRB 014-175, Baylor Foundation, 2014, \$100,000.00, status: open
- G19) **McCullough PA**, overall study Principal Investigator, Preventive Cardiology Registry: Role of Proprotein Convertase Subtilisin/kexin type 9 (PCSK9) and Other Catabolic Determinants in Hypercholesterolemia in Patients with Suspected Heterozygous Familial Hypercholesterolemia Baylor IRB 014-122, Baylor Foundation, \$3,100.00, status: closed 2014
- G20) **McCullough PA**, overall study Principal Investigator and Study Chairman, Investigator Initiated Trial, "A Prospective, Double-blind, Placebo Controlled, Parallel Group, Randomized Trial of Extended Release Exenatide versus Placebo in Diabetic Patients with Type 4 Cardiorenal Syndrome: EXTEND-CRS", D5551L00004/ISSEXEN0013, FDA IND 123200, Baylor IRB 014-149, AstraZeneca, 2014, \$1,597,901.93, status: open
- G21) **McCullough PA**, overall study Principal Investigator, Iso-osmolar Contrast and the Timing of Coronary Angiography in the Multivariate Risk for Cardiac Surgery Associated with Acute Kidney Injury and Major Adverse Renal and Cardiac Events (MARCE), Baylor IRB 014-096, GE Healthcare, Inc, 2015, \$145,885.00, status open
- G22) **McCullough PA**, overall study Principal Investigator, Timing of coronary angiography and multivariate risk for cardiac surgery associated acute kidney injury and major adverse renal and cardiac events (MARCE), Baylor IRB 014-096, Baylor Foundation, \$8,100.00, status: closed 2016

- G23) Mendez J, **McCullough PA**, et al, co-investigator, Assessment of Multiple Blood Biomarkers in Patients with Advanced Heart Failure Undergoing Evaluation for Cardiac Transplantation and Mechanical Circulatory Support, Baylor IRB 014-300, Critical Diagnostics, Inc, \$10,400.00, status: closed 2016
- G24) Bottiglieri, T, **McCullough PA**, et al, co-investigator, Urinary 11dhTxB2 response to acetylsalicylic acid (aspirin) in cardiovascular disease progression and adverse outcomes, Baylor IRB 008-230, Corgenix, Inc., \$99,087.00, status: closed 2016
- G25) Schussler JM, Vasudevan A, **McCullough PA**, co-investigator, Clinical outcomes and metabolomic and damage associated molecular patterns of acute kidney injury in patients undergoing percutaneous coronary intervention via the radial versus femoral artery approach, Baylor IRB 014-299, Baylor Health Care System Foundation, \$61,416.00, status: closed 2018
- G26) Tecson K, **McCullough PA**, coinvestigator, Contribution of Chronic Kidney Disease and Acute Kidney Injury to Heart Failure Outcomes, Baylor IRB 015-296, Baylor Health Care System Foundation, \$43,424.60, status: open
- G27) Vasudevan A, **McCullough PA**, coinvestigator, Burden of Cardiovascular Events Follow Percutaneous Coronary Intervention, Baylor IRB 015-297, Baylor Health Care System Foundation, \$40,000.00, status: closed 2018
- G28) Tecson, K, **McCullough PA**, Therapeutic Intensity of Lipid Lowering Therapy in Response to Recurrent Cardiovascular Events, Baylor IRB 017-106, Amgen, Inc., \$249,990.00 status: open
- G29) **McCullough PA**, Principal Investigator, A Case Finding Study of Familial Chylomicronemia, Akcea Pharmaceuticals, \$10,000.00, status: closed 2017
- G30) **McCullough PA**, Bottiglieri T, Tecson K. Baylor Foundation \$49,923.80. Identifying metabolomic profiles among genetically confirmed familial hypercholesterolemia, dyslipidemia without familial hypercholesterolemia, and healthy controls, status start-up 2019

Site Principal Investigator Contracts

- G1)Jafri S, **McCullough PA**, and the WATCH Investigators. Warfarin and Antiplatelet Therapy in Chronic Heart Failure, (W.A.T.C.H.) Field Center, Veterans Administration Cooperative Studies Program and Sanofi Pharmaceuticals, \$36,000.00 (HFHS Grant #B51008) status: closed 2000
- G2)Jafri S, **McCullough PA**, and the CHARM Investigators. Candesartan Cilexetil (Candesartan) in Heart Failure Assessment of Reduction in Mortality and Morbidity (C.H.A.R.M.) Field

Center, 1999-2000, Astra Pharmaceuticals, \$56,000.00 (HFHS Grant #E09045) status: closed 2000

- G3) Schuger C, **McCullough PA**, and the MADIT Investigators. Multicenter Automatic Defibrillator Implantation Trial II (M.A.D.I.T.-II), Guidant Corporation/Cardiac Pacemakers (CPI), \$96,000 (HFHS Grant #G10087) status: closed 2000
- G4) Schuger C, **McCullough PA**, and the MIRACLE Investigators. Multicenter InSync Randomized Clinical Evaluation (M.I.R.A.C.L.E.), Medtronic Inc., \$195,000, (HFHS Grant #G12006) status: closed 2000
- G5) **McCullough PA**, Shetty A, Soman S and the CHORUS Investigators. Cerivastatin Heart Outcomes in Renal Disease: Understanding Survival (C.H.O.R.U.S.), Barry Brenner, MD and William F. Keane, MD, Co-Principal Investigators, Bayer Inc., 2000-2003 (RCT), Clinical Site Contract, Bayer Pharmaceuticals, \$266,875.00 10% FTE (HFHS Grant #E05046) status: closed 2000
- G6) **McCullough PA**, Manley HJ and the CHORUS Investigators. Cerivastatin Heart Outcomes in Renal Disease: Understanding Survival (C.H.O.R.U.S.), Barry Brenner, MD and William F. Keane, MD, Co-Principal Investigators, Bayer Inc., 2000-2003 (RCT), Clinical Site Contract, Bayer Pharmaceuticals, \$279,000 10% FTE (UMKC Grant #E05046) status: closed 2001
- G7) Nowak R, McCord J, **McCullough PA** and the BNP Investigators. Breathing Not Properly Study (B.N.P. Multinational Study), Alan Maisel, MD, and Peter A. McCullough, MD, MPH, Co-Principal Investigators, Biosite Diagnostics, Inc., (prospective cohort study) Field Center Contract, Biosite Diagnostics, Inc., \$180,000.00 (HFHS Site), \$500,000.00, 0% FTE (HFHS Grant #E03005) status: closed 2001
- G8) Ehrman JK, **McCullough PA**. A Prospective Randomized Trial of a Personal Health Assistant in the Secondary Prevention of Heart Disease. Merck, Inc., \$220,961.00, 7% FTE (HFHS Grant #E41010) status: closed 2002
- G9) **McCullough PA** and the CORC Investigators. Kansas City Cardiomyopathy Questionnaire Interpretability Study, John A. Spertus, MD, MPH, Principal Investigator, Cardiovascular Outcomes Research Consortium (C.O.R.C.), 2001 (multicenter, U.S., prospective cohort study), \$21,400.00, status: closed 2002
- G10) **McCullough PA**, Rutherford BD, and the OAT Investigators. Occluded Artery Trial, Judith Hochman, MD, and Gervasio Lamas, MD, Co-Principal Investigators, National Institutes of Health, National Heart Lung and Blood Institute, \$54,000.00. 0% FTE (UMKC Grant #K531122) status: closed 2002

- G11) **McCullough PA** site Principal Investigator and National Executive Committee Member. Rapid Emergency Department Heart Failure Outpatient Trial, Biosite Diagnostics, \$21,000. 0% FTE (UMKC Grant #K531130) status: closed 2002
- G12) **McCullough PA** site Principal Investigator. African-American Heart Failure Trial (AHEFT). A Placebo-Controlled Trial of BiDil added to Standard Therapy in African American Patients with Heart Failure, NitroMed, Inc., \$20,000.00 (UMKC Proposal #9722, TMC Grant #261231) status: closed 2002
- G13) **McCullough PA** and the IMAGING Investigators for Cardiology Clinical Studies, LLC. Investigation of Myocardial Gated SPECT Imaging as Initial Strategy in Heart Failure: The IMAGING in Heart Failure Trial, Dupont Pharmaceuticals Inc., \$20,000.00 (UMKC Proposal #9825, UMKC Grant #KG001278) status: closed 2002
- G14) **McCullough PA**, site Principal Investigator, and Ad Hoc Executive Committee Member. Heart Failure and a Controlled Trial Investigating Outcomes of Exercise Training. National Institutes of Health, National Heart, Lung, and Blood Institute, subcontracted through the Duke Clinical Research Institute, \$665,000, (NIH Grant #1 U01 HL63747 01A2, WBH Grant # RC 08-94837, Site #301) status: closed 2005
- G15) **McCullough PA**, site Principal Investigator, and Executive Committee Member. Protocol No. 704.351 Evaluation of Synergy between Natrekor and Furosemide on Renal and Neurohormone Responses in Chronic Heart Failure: A Phase IV Study, Scios Inc., 2003 (multicenter, U.S., randomized cross-over trial), \$105,447.50, (WBH Grant # RC 08-94836) status: closed 2005
- G16) **McCullough PA**, site Principal Investigator and National Co-Principal Investigator. Protocol No. CCIB002FUS12. A Multicenter, Double-blind, Randomized, Parallel Group Study to Evaluate the Effects of Lotrel and Lotensin HCT on Microalbuminuria in Mild to Moderate Hypertensive Subjects with Type 2 Diabetes Mellitus, Novartis Inc., (multicenter, U.S., randomized trial), \$63,649.90, (WBH Grant #RC 08-94838) status: closed 2006
- G17) **McCullough PA**, and the ACCOMPLISH Investigators. Protocol No. CCIB002.12301. Avoiding Cardiovascular Events through Combination Therapy in Patients Living with Systolic Hypertension, Novartis, Inc., 2003 (multicenter, multinational, randomized trial) \$159,241.00, (WBH Grant #RC 08-94844) status: closed 2006
- G18) **McCullough PA**, site Principal Investigator. Efficacy of Vasopressin Antagonism in Heart Failure: Outcome Study with Tolvaptan, Protocol #156-03-236, IND #50,533, Otsuka Maryland Research Institute, (multicenter, international, randomized trial), \$210,750.00, (WBH Grant #RC 08-94842 changed to #RC 08-94849) status: closed 2005
- G19) **McCullough PA**, site Principal Investigator. A Multicenter, Double-Blind, Randomized, Parallel Group, 6-week Study to Evaluate the Efficacy and Safety of

Ezetimibe/Simvastatin Combination versus Atorvastatin in Patients with Hypercholesterolemia, Protocol #051/EZT544, Merck, Inc., (multicenter, U.S., randomized trial), \$18,840.00, (WBH Grant #RC 08-94843) status: closed 2006

- G20) **McCullough PA**, site Principal Investigator, A multicenter, double-blind randomized, parallel-group study to compare the effect of 24 weeks treatment with LAF237 (50 mg qd or bid) to placebo as add-on therapy in patients with type 2 diabetes inadequately controlled with metformin monotherapy. Novartis Pharmaceuticals, Inc., (multicenter, U.S., randomized trial), \$30,700.00, (WBH Grant #RC 08-94845) status: closed 2007
- G21) **McCullough PA**, site Principal Investigator. A multicenter, double-blind randomized, parallel-group study to compare the effect of 24 weeks treatment with LAF237 (50 mg qd or bid) to placebo as add-on therapy to pioglitazone 45 mg qd in patients with type 2 diabetes inadequately controlled with thiazolidinediones monotherapy. Novartis Pharmaceuticals, Inc., (multicenter, U.S., phase III randomized trial) \$30,700.00, (WBH Grant #RC 08-94846) status: closed 2006
- G22) **McCullough PA**, site Principal Investigator. An 8-week, randomized, double-blind, parallel group, multicenter placebo and active controlled disease escalation study to evaluate the safety and efficacy of aliskiren in patients with hypertension, \$47,100.00 (WBH #RC 08- 94852) status: closed 2007
- G23) **McCullough PA**, site Principal Investigator. A randomized, double-blind study to compare the durability of glucose lowering and preservation of pancreatic beta-cell function of rosiglitazone monotherapy compared to metformin or glyburide/glibenclamide in patients with drug naïve, recently diagnosed type 2 diabetes, \$140,100.00, Novartis Pharmaceuticals (WBH #RC 08-94849) status: closed 2008
- G24) **McCullough PA**, site Principal Investigator. A multicenter, randomized, double-blind factorial study of the co-administration of MK-0431 and metformin in patients with type 2 diabetes who have inadequate glycemic control, \$36,735.00, Merck Research Laboratories (WBH #RC 08-94853) status: closed 2008
- G25) **McCullough PA**, site Principal Investigator. Multicenter, Randomized, Double-Blind Study to Evaluate the Efficacy & Safety of Ezetimibe/Simvastatin and Niacin Co-Administered in Patients with type IIa or Type IIb Hyperlipidemia, \$46,960.00, Merck Research Laboratories, MRK-091, (WBH #RC 08-94854) status: closed 2008
- G26) **McCullough PA**, site Principal Investigator. A Multi-Center, Randomized, Double-Blind, factorial Design study to evaluate the lipid-altering efficacy & safety of MK-0524B Combination Tablet in Patients with Primary Hypercholesterolemia or Mixed Hyperlipidemia \$40,849.00, Merck Research Laboratories, MRK-022. (WBH #RC 08-94855) status: closed 2007

- G27) **McCullough PA**, site investigator. An 8-week, multicenter, randomized, double-blind, parallel-group study to evaluate the efficacy and safety of the combination of valsartan/HCTZ/amlodipine compared to valsartan/HCTZ, valsartan/amlodipine, and HCTZ/amlodipine in patients with moderate to severe hypertension, \$43,500.00, Novartis Pharmaceuticals (WBH #RC 08-94857) status: closed 2007
- G28) **McCullough PA**, site Principal Investigator. A multicenter randomized, double-blind parallel arm, 6-week study to evaluate the efficacy and safety of ezetimibe/simvastatin versus atorvastatin in patients with metabolic syndrome and hypercholesterolemia at high risk for coronary heart disease, \$32,010.00. Merck Research Laboratories (WBH #RC 08-94861) status: closed 2008
- G29) **McCullough PA**, site Principal Investigator. A multicenter, randomized, double-blind study to evaluate the safety and efficacy of the initial therapy with coadministration of sitagliptin and pioglitazone in patients with type 2 diabetes mellitus, \$24,036.00, Merck Research Laboratories, MRK-064 (WBH #RC 08-94860) status: closed 2008
- G30) Dixon, SD, site PI, **McCullough PA**, Multinational Executive Committee. RENAL GUARD Pilot Trial. PLC Medical Systems, \$37,610.00 (WBH #RC- 90771) status: closed 2008
- G31) **McCullough, PA**, site Principal Investigator, A multi-center, randomized, double-blind, placebo and active controlled, parallel group, dose range study to evaluate the efficacy and safety of LCZ696 comparatively to valsartan, and to evaluate AHU377 to placebo after 8-week treatment in patients with essential hypertension. Novartis, Inc., \$31,965.28. (WBH #RC-94863) status: closed 2008
- G32) **McCullough PA**, site Principal Investigator. Paricalcitol capsules benefits in renal failure induced cardiac morbidity in subjects with chronic kidney disease stage 3b/4, (PRIMO Abbott Laboratories, ABT-M-10-030, \$157,992.00, (WBH #RC-94864) status: closed 2008
- G33) **McCullough PA**, site Principal Investigator. A randomized, double-blind, parallel group study to evaluate the effects of high-dose statin therapy on fluorodeoxyglucose (FDG) uptake in arteries of patients with atherosclerotic vascular disease. Merck Research Laboratories, MRK-081, \$86,994.00 (WBH #RC 08-90223) status: closed 2008
- G34) **McCullough PA**, site Principal Investigator. Patient registry for the Liposorber LA-15 system. Kaneka, Inc., \$7,515.00, (WBH #RC-90877) status: closed 2009
- G35) **McCullough PA**, site Principal Investigator. A 30-week multicenter, randomized, double-blind. Parallel-group study of the combination of ABT-335 and Rosuvastatin compared to rosuvastatin monotherapy in dyslipidemic subjects with stage 3 chronic kidney disease, Abbott M10-313, \$128,544.00, (WBH #RC-90212) status: closed 2009

- G36) **McCullough PA**, site Principal Investigator. A multicenter, randomized open label, active-comparator controlled study to assess the efficacy, safety, and tolerability of taspoglutide compared to exenatide in patients with type 2 diabetes mellitus inadequately controlled with metformin, thiazolidinedione, or a combination of both, Roche BC 21625, \$72,012.50, (WBC #RC-90245) status: closed 2010
- G37) **McCullough PA**, site Principal Investigator. A multicenter, randomized double-blind, placebo-controlled study to assess the efficacy, safety, and tolerability of taspoglutide compared to placebo in obese patients with type 2 diabetes mellitus inadequately controlled with metformin monotherapy, Roche BC 22092, \$38,387.50, (WBH #RC-90258) status: closed 2009
- G38) **McCullough PA**, site Principal Investigator. A safety and efficacy trial evaluating the use of apixaban for the extended treatment of deep vein thrombosis and pulmonary embolism, Bristol Myers Squibb-Pfizer CV185057, \$173,750.00, (WBH #RC-90288) status: closed 2009
- G39) **McCullough PA**, site Principal Investigator. A phase 3, active (warfarin) controlled, randomized, double-blind, parallel arm study to evaluate efficacy and safety of apixaban in preventing stroke and systemic embolism in subjects with nonvalvular atrial fibrillation, Bristol Myers Squibb-Pfizer CV1805030, \$173,750.00, (WBH #RC-90275) status: 2009
- G40) **McCullough PA**, site Principal Investigator. Treatment of Preserved Cardiac Function Heart Failure with an Aldosterone Antagonist Trial (TOPCAT), National Institutes of Health, National Heart, Lung, and Blood Institute, subcontracted through the New England Research Institutes, Inc., \$86,250.00, (WBH #RC-90267) status: closed 2010
- G41) **McCullough PA**, site Principal Investigator. An 8-week, randomized, double-blind, parallel group, multicenter, forced titration study to evaluate the efficacy and safety of aliskiren plus HCTZ versus aliskiren monotherapy in metabolic syndrome patients with stage 2 hypertension, Novartis, Inc., \$107,362.44 (WBH #RC-90277) status: closed 2009
- G42) **McCullough PA**, site Principal Investigator, Astute SAPPHIRE AST-111, Evaluation of Novel Biomarkers from Acutely Ill Patients at Risk for Acute Kidney Injury, Astute Medical, Inc, San Diego, CA, \$23,195.50 status: closed 2012
- G43) **McCullough PA**, site Principal Investigator, protocol number 156-10-292 titled "An Observational Prospective Registry to Identify Demographic and Clinical Characteristics of Patients Hospitalized with Euvoletic and Hypervolemic Hyponatremia and Assess the Comparative Effectiveness of Available Treatments and the Impact on Resource Utilization. Otsuka Inc., \$21,262.60 status: initial contract fulfilled, reopened under extension and registry completed in 2013

- G44) **McCullough PA**, site Principal Investigator, PROspective Multicenter Imaging Study for Evaluation of Chest Pain (PROMISE) Study, National Heart, Lung, and Blood Institute (NHLBI), Pamela Douglas, MD, Principal Investigator Clinical Coordinating Center, Duke Clinical Research Institute, \$17,000.00 status: closed 2012
- G45) **McCullough PA**, site Principal Investigator, ACZ885M/Canakinumab Clinical Trial Protocol CACZ885M2301 A randomized, double-blind, placebo-controlled, event-driven trial of quarterly subcutaneous canakinumab in the prevention of recurrent cardiovascular events among stable post-myocardial infarction patients with elevated hsCRP. Novartis, Inc., 2011 \$279,223.00 status: closed 2015
- G46) **McCullough PA**, site Principal Investigator, AN-CVD2233 Evaluation of the Safety and Efficacy of Short-term A-002 (Varespladib) Treatment in Subjects with Acute Coronary Syndromes (VISTA-16) Anthera Pharmaceuticals, Inc., 2011 \$72,600.00 status: closed 2011
- G47) **McCullough PA**, site Principal Investigator, BC22140A Cardiovascular outcomes study to evaluate the potential of aleglitazar to reduce cardiovascular risk in patients with a recent acute coronary syndrome (ACS) event and type 2 diabetes mellitus (T2D), F. Hoffmann-La Roche Ltd, \$307,500.00 status: closed 2012
- G48) **McCullough PA**, site Principal Investigator, A Double-blind, Randomized, Placebo-controlled, Multicenter Study (Phase 2) to Evaluate the Safety and Efficacy of IV Infusion Treatment with Omecamtiv Mecarbil in Subjects with Left Ventricular Systolic Dysfunction Hospitalized for Acute Heart Failure (Protocol 20100754), Amgen, Inc, 253,464.00 status: closed 2012
- G49) **McCullough PA**, site Principal Investigator, MB102-073 A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Phase 3 Trial to Evaluate the Safety and Efficacy of Dapagliflozin in Subjects with Type 2 Diabetes with Inadequately Controlled Hypertension on an Angiotensin-Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB), Bristol-Myers Squibb Research and Development, 2011 \$34,115.00 status: closed 2012
- G50) **McCullough PA**, site Principal Investigator, MB102-077 A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Phase 3 Trial to Evaluate the Safety and Efficacy of Dapagliflozin in Subjects with Type 2 Diabetes with inadequately controlled hypertension treated with an Angiotensin-Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) and an additional Antihypertensive medication, Bristol-Myers Squibb Research and Development, \$34,115.00 status: closed 2011
- G51) **McCullough PA**, site Principal Investigator, ABT M11350 RADAR: Reducing Residual Albuminuria in Subjects with Diabetes and Nephropathy with AtRasentan – A Phase 2b, Prospective, Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate Safety and Efficacy, Abbott Laboratories, \$188,377.00 status: closed 2012

- G52) **McCullough PA**, site Principal Investigator, PEGASUS TIMI 54 trial, A Randomized, Double-Blind, Placebo Controlled, Parallel Group, Multinational Trial, to Assess the Prevention of Thrombotic Events with Ticagrelor Compared to Placebo on a Background of Acetyl Salicylic Acid (ASA) Therapy in Patients with History of Myocardial Infarction, AstraZeneca, 2011 \$98,530.00 status: transferred to PI Marcel Zughaib, MD
- G53) **McCullough PA**, site Principal Investigator, A Double-blind, Randomized, Placebo-controlled, Multicenter Study Assessing the Impact of Additional LDL-Cholesterol Reduction on Major Cardiovascular Events When AMG 145 is Used in Combination with Statin Therapy in Patients with Clinically Evident Cardiovascular Disease AMG 145 Amgen Protocol Number 20110118 EudraCT number 2012-001398-97, Amgen, Inc., \$1,732,062.80 status: closed 2016
- G54) **McCullough PA**, site Principal Investigator, A single-blind, multi-site trial of the dietary supplement anatabine (RCP006) to determine the effects on peripheral markers of inflammation in patients with elevated levels of C-reactive protein (CRP). Roskamp Institute Protocol Number RI-11-01, \$6700.00 status: closed 2012
- G55) **McCullough PA**, site Principal Investigator, Long-term safety and tolerability of REGN727/SAR236553 in high cardiovascular risk patients with hypercholesterolemia not adequately controlled with their lipid modifying therapy: a randomized, double-blind, placebo-controlled study LTS11717 Sanofi Aventis, \$252,000.00 status: closed 2013
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- G63) **McCullough PA**, site Principal Investigator, Assessment of Heart Failure using Condition-Specific Impact Assessments (PROMIS), Patient-Centered Outcomes Research Institute, 2015 \$81,840.00 status: 2017 status: closed
- G64) **McCullough PA**, site Principal Investigator, A Randomized Parallel-Group, Placebo-Controlled, Double-Blind, Event-Driven, Multi-Center Pivotal Phase III Clinical Outcome Trial of Efficacy and Safety of the Oral sGC Stimulator Vericiguat in Subjects With Heart Failure With Reduced Ejection Fraction (HFrEF) - VeriCiguaT Global Study in Subjects With Heart Failure With Reduced Ejection Fraction (VICTORIA), Merck, Inc, 2017 \$878,163.90 status: closed
- G65) **McCullough PA**, site Principal Investigator, A phase III randomised, double-blind trial to evaluate efficacy and safety of once daily empagliflozin 10 mg compared to placebo, in patients with chronic Heart Failure with preserved Ejection Fraction (HFpEF), EMPEROR-PRESERVED, Boehringer-Ingelheim, 2017 \$170,099.00, status: open
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- G67) Schiffmann R, **McCullough PA** Sub-Investigator, 014-097 PB-102-F03 (Sponsor - Protalix - PRX-102 1mg/kg q 2 weeks) A Multi Center Extension Study of PRX-102 Administered by Intravenous Infusions Every 2 Weeks for 60 Months to Adult Fabry Patients, status: open
- G68) Schiffmann R, **McCullough PA** Sub-Investigator, 014-288 AT1001-042 (Sponsor - Amicus - oral drug - chaperone) An Open-Label Extension Study to Evaluate the Long-Term Safety and Efficacy of Migalastat Hydrochloride Monotherapy in Subjects with Fabry Disease, status: closed.
- G69) Schiffmann R, **McCullough PA** Sub-Investigator, 016-153 PB-102-F20 (Sponsor - Protalix - BLINDED - ERT PRX-102 or Fabrazyme 1mg/kg q 2 weeks) A Randomized, Double blind, Active Control Study of the Safety and Efficacy of PRX-102 compared to Agalsidase

Beta on Renal Function in Patients with Fabry Disease Previously Treated with Agalsidase Beta – Study Number PB-102-F20, status: open

- G70) Schiffmann R, **McCullough PA** Sub-Investigator, 017-189 PB-102-F50 (Sponsor - Protalix - PRX-102 infusion - 2mg/kg monthly) A Phase 3, Open Label, Switch Over Study to Assess the Safety, Efficacy and Pharmacokinetics of pengunigalsidase alfa (PRX-102) 2 mg/kg Administered by Intravenous Infusion Every 4 Weeks for 52 weeks in Patients with Fabry Disease Currently Treated with Enzyme Replacement Therapy: Fabrazyme® (agalsidase beta) or Replagal (agalsidase alfa), status: open

- G71) Schiffmann R, **McCullough PA** 018-150 MODIFY (Sponsor - Idorsia - oral drug - substrate reduction) A multicenter, double-blind, randomized, placebo controlled, parallel-group study to determine the efficacy and safety of lucerastat oral monotherapy in adult subjects with Fabry disease, status: open

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- G75) **McCullough PA**, site Sub-Investigator, An Open-Label Study to Evaluate the Long-Term Efficacy and Safety of Evinacumab in Patients with Homozygous Familial Hypercholesterolemia (R1500-CL-1719) Regeneron Pharmaceuticals, Inc, \$65,317.44, 2019, status: open

- G76) Bottiglieri T, Tecson K, **McCullough PA**, Identifying metabolomic profiles among genetically confirmed familial hypercholesterolemia, dyslipidemia without familial hypercholesterolemia, and healthy controls, Baylor Health Care System Foundation, \$49,293.80, 2020 status: open

- G77) **McCullough PA**, Wheelan KE. BSWRI—Overall Principal Investigator, 001 A prospective clinical study of hydroxychloroquine in the prevention of SARS-COV-2 (COVID-19) infection in health care workers after high-risk exposures, FDA IND 149293, Baylor Health Care System Foundation, \$506,506.00, 2020 status: open

G78) **McCullough PA**, Site Investigator, 4D-310-C001 entitled "An Open-label, Phase 1/2 Trial of Gene Therapy 4D-310 in Adult Males with Fabry Disease" 4D Molecular Therapeutics, Inc, \$101,210.85, 2020 status: open

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- 33) Friedewald VE, Goldfarb S, Laskey WK, **McCullough PA**, Roberts WC. The Editor's Roundtable: Contrast-Induced Nephropathy. Am J Cardiol. 2007 Aug 1;100(3):544-51. Epub 2007 Jun 4. PMID: 17659944
- 34) **McCullough PA**, Lepor NE. Erratum - the rosiglitazone meta-analysis. Rev Cardiovasc Med. 2007 Summer;8(3):174. PMID: 17938618
- 35) **McCullough PA**, Chronic Kidney Disease as a Cardiovascular Risk State and Considerations for the Use of Statins. The Fats of Life, Lipoproteins and Vascular Disease Division, American Association of Clinical Chemistry, Volume XXII, No 1, 9-16 Winter 2008
- 36) Lepor NE, **McCullough PA**, Jacobs AK. Best of the AHA Scientific Sessions 2007. Rev Cardiovasc Med. 2008 Winter;9(1):62-9. PMID: 18418310
- 37) Lepor NE, **McCullough PA**. Best of the ACC 2010 Scientific Session. Rev Cardiovasc Med. 2010 Summer;11(3):e153-63
- 38) Narala KR, LaLonde TA, Hassan S, **McCullough PA**. Management of Chronic Coronary Disease and Acute Coronary Syndromes in Patients with Chronic Kidney Disease. US Cardiology, 2011;8(2):123-31
- 39) Larsen T, Narala KR, **McCullough PA**. Type 4 Cardiorenal Syndrome: Myocardial Dysfunction, Fibrosis, and Heart Failure in Patients with Chronic Kidney Disease. J Clin Experiment Cardiol 2012, 3:4. <http://dx.doi.org/10.4172/2155-9880.1000186>

INVITED LECTURES: NATIONAL AND INTERNATIONAL FORUMS

- L1) "The Role of Triage Angiography in Acute Coronary Syndromes." Advances in Interventional Cardiology. WBH and the University of Maryland, Aruba, April, 1997.
- L2) "New Understandings of Anticoagulation During Unstable Angina." Co-Chair, American College of Cardiology 47th Annual Scientific Session, Atlanta, Georgia, March 30, 1998.

- L3) National Library of Medicine: The Emerging Health Information Infrastructure '99. "Electronic Outcomes", Washington, D.C., April 28, 1999.
- L4) Kansas City Southwest Clinical Society, 77th Annual Clinical Conference, Overland Park, Kansas: "Cardiac-Renal Risk: Incorporating Scientific Evidence into Your Practice," October 29, 1999.
- L5) The Health Forum, Best Practices, Chicago, Illinois. "Overview of Cardiovascular Health Fellowship," December 9, 1999.
- L6) AHA Scientific Conference on Existing Databases: Do They Hold Answers to Clinical Questions in Geriatric Cardiovascular Disease and Stroke? "Resource Utilization Among Congestive Heart Failure (R.E.A.C.H.) Database Overview," Washington, DC, January 27, 2000.
- L7) Health Forum Cardiovascular Health Fellowship Retreat: "Cardiovascular Risk and Health," Colorado Springs, CO, July 20, 2000.
- L8) Third Annual Center for Health Futures Advisory Board Meeting: "Congestive Heart Failure," La Jolla, CA, August 24, 2000.
- L9) Health Forum ACT Learning Collaborative Meeting: "Bridging Clinical, Community, and Population Health Strategies," St. Joseph, MO, September 20, 2000.
- L10) "Renal Disease as an Independent Risk Factor for Cardiovascular Disease in Diabetes," The Nexus of Cardiovascular and Renal Disease, Duke Clinical Research Institute, Tyson's Corner, VA, November 4, 2000.
- L11) "Atherosclerosis and Heart Disease," Winter Scientific Seminar, Missouri Society of the American College of Osteopathic Physicians, Kansas City, MO, January 27, 2001.
- L12) "Routine vs Selective Intervention in Acute Coronary Syndromes," Tenth Annual Cardiovascular Conference at Beaver Creek, Colorado, WBH and Duke University, February 14, 2001.
- L13) "Intervention in the Patient with Renal Insufficiency," Tenth Annual Cardiovascular Conference at Beaver Creek, Colorado, WBH and Duke University, February 16, 2001.
- L14) "The Epidemic of Cardiovascular Disease and Cardiorenal Risk," The Nexus of Cardiovascular and Renal Disease, Duke Clinical Research Institute, Tyson's Corner, VA, February 24, 2001.

- L15) “Cardiovascular Risk in Chronic Kidney Disease: Cardiorenal Risk,” Symposium on Cardio-renal Consequences of Angiotensin II, Insights from AII Blockade, NKF Spring Clinical Meeting, Orlando, FL, April 18, 2001.

- L16) Plenary Session: “Cardiac Emergencies and Cardiac Critical Care,” American College of Chest Physicians, CHEST 2001, Philadelphia, PA, November 5, 2001.

- L17) “Cardiorenal Risk,” The 33rd Annual ACC Cardiovascular Conference at Snowmass, Snowmass, Colorado, January 18, 2002.

- L18) “Epidemiology of Diabetes and Its Cardiovascular Risk” Eleventh Annual Cardiovascular Conference at Beaver Creek, Colorado, WBH and Duke University, February 14, 2002.

- L19) “Late-Breaking Clinical Trials II: A Prospective, Blinded Trial of B-Type Natriuretic Peptide as a Diagnostic Test for the Emergency Diagnosis of Heart Failure: The Breathing Not Properly (BNP) Multinational Study,” March 19, 2002, 51st Annual Scientific Session of the American College of Cardiology, Atlanta, GA.

- L20) “Scope of Cardiovascular Complications in Patients with Kidney Disease.” Plenary Session III: Reversing Cardiovascular Complications in Patients with Kidney Disease. International Society on Hypertension in Blacks: 17th International Interdisciplinary Conference on Hypertension and Related Risk Factors in Ethnic Populations, Miami, FL, June 11, 2002.

- L21) “Epidemiology: Renal—Chronic Kidney Disease.” Atherosclerotic Vascular Disease Conference, AHA, Boston, MA, July 8, 2002.

- L22) “B-type Natriuretic Peptide Should be a Part of the Diagnostic Evaluation of Heart Failure: Implications from the Breathing Not Properly (BNP) Multinational Study” International Academy of Cardiology 8th World Congress on Heart Failure—Mechanisms and Management, Washington, DC, July 15, 2002.

- L23) “Epidemiology and Physiology of Radiocontrast Nephropathy and its Impact on Outcomes” Prevent the Event Transcatheter Therapeutics 2002 Satellite Symposium, Washington, DC, September 26, 2002.

- L24) “Calcification or ‘Phosphication’—Controversies of Calcium Phosphate Deposition: Invited Lecture: Coronary Calcification: A Predictor of Future Events or a Marker of Plaque Stability? American Society of Nephrology 2002 Annual Scientific Sessions Satellite Symposium, Philadelphia, PA, November 1, 2002.

- L25) “Renal Insufficiency and Clinical Outcome” Cardiovascular Seminar, AHA Scientific Sessions, Chicago, IL, November 18, 2002.
- L26) “Role of BNP in the Diagnosis of Heart Failure” ACC 34th Annual Cardiovascular Conference at Snowmass, CO, January 14, 2003.
- L27) “Managing the Patient with Combined Heart and Renal Failure—the Importance of Anemia” ACC 34th Annual Cardiovascular Conference at Snowmass, CO, January 14, 2003.
- L28) “The Emerging Healthcare Crisis of Obesity,” Twelfth Annual Cardiovascular Conference at Beaver Creek, CO, February 10, 2003.
- L29) “BNP in the Management of Heart Failure,” Twelfth Annual Cardiovascular Conference at Beaver Creek, CO, February 11, 2003.
- L30) “Contrast Nephropathy: Can it be Eliminated,” Twelfth Annual Cardiovascular Conference at Beaver Creek, CO, February 13, 2003.
- L31) “How Subtle Degrees of Renal Dysfunction Work as a Cardiac Risk Factor” First Cardiovascular Prevention Symposium: Updates and New Guidelines. AHA, Puerto Rico Chapter, San Juan, PR, March 22, 2003.
- L32) “What Is the Incremental Diagnostic Value of B-Type Natriuretic Peptide in Heart Failure?” Symposium. American College of Cardiology Scientific Sessions, 2003, Chicago, IL, April 1, 2003.
- L33) “Heart Failure Insights From Ejection Fraction” Session Co-Chair. Oral Contributions. American College of Cardiology Scientific Sessions, 2003, Chicago, IL, April 1, 2003.
- L34) “Chronic Renal Insufficiency as a Vascular Risk Factor” 14th Annual Scientific Sessions of the Society for Vascular Biology and Medicine, Chicago, IL, June 7, 2003.
- L35) “Phosphate Control and Calcification from a Cardiologist’s Perspective” World Congress of Nephrology Satellite Symposium, Berlin, Germany, June 12, 2003.
- L36) “Renal Disease is a Risk Factor for Cardiovascular Disease” ACC 29th Annual Tutorials in the Tetons 2003: Update in Cardiovascular Disease, August 25-27. 2003.
- L37) “Diagnosis of Congestive Heart Failure: Is BNP Needed in Every Case?” ACC 29th Annual Tutorials in the Tetons 2003: Update in Cardiovascular Disease, August 25-27. 2003.
- L38) “How to Treat Combined Heart and Renal Failure with Hypertension” ACC 29th Annual Tutorials in the Tetons 2003: Update in Cardiovascular Disease, August 25-27. 2003.

- L39) “Which Agents Prevent Contrast-Induced Nephropathy?” European Society of Cardiology 2003 Symposium: Managing Patients at Risk for Contrast-Induced Nephropathy, Vienna, Austria, September 2, 2003.
- L40) “Epidemiology of Contrast Nephropathy” Symposium Chair for “A Contrast in Risk: Radiographic Imaging in the Renally Compromised Patient”, Satellite Symposium at the Transcatheter and Therapeutics Scientific Meeting, Washington, DC, September 17, 2003.
- L41) “Update on Cardiovascular Risk Reduction in Acute Coronary Syndrome Patients” 14th Annual Great Wall International Congress of Cardiology, Beijing, China, October 10-13, 2003.
- L42) “Renal Function and Dysfunction in Coronary Arteriography” 14th Annual Great Wall International Congress of Cardiology, Beijing, China, October 10-13, 2003.
- L43) “Interventional Cardiology 2003: Bench to Bedside and Beyond, Session III: Contrast Nephropathy: Separating the Hype from the Data. Antagonist: Contrast Nephropathy Can be Prevented.” AHA Scientific Sessions 2003, November 9, 2003, Orlando, FL.
- L44) “Reversing Diabetes and Its Consequences: Pipe Dream or Reality?” The 35th Annual Cardiovascular Conference at Snowmass, ACC, Snowmass, CO, January 12-16, 2004.
- L45) “Refining the Use of B-type Natriuretic Peptide as a Diagnostic Test in Clinical Practice” The 35th Annual Cardiovascular Conference at Snowmass, ACC, Snowmass, CO, January 12-16, 2004.
- L46) “Practical Management of Obesity for the Cardiologist: The Future of Dietary Management and Bariatric Surgery” The 35th Annual Cardiovascular Conference at Snowmass, ACC, Snowmass, CO, January 12-16, 2004.
- L47) “Update from the Hypertension World: JNC 7—What’s New and How Will it Influence Practice?” Thirteenth Annual Cardiovascular Conference at Beaver Creek, Colorado, WBH and Duke University, February 9-13, 2003
- L48) “The Lethal Couplet” Thirteenth Annual Cardiovascular Conference at Beaver Creek, Colorado, WBH and Duke University, February 9-13, 2003
- L49) “BNP to Differentiate Between Cardiac and Extracardiac Sources of Dyspnea” 33rd Critical Care Congress, Society of Critical Care Medicine, Orlando, Florida, February 23, 2004.

- L50) “BNP Testing: Is It Ready for In-Hospital Monitoring of Therapy?” Point-of-Care Symposium, American College of Cardiology Scientific Sessions 2004, New Orleans, LA, March 8, 2004.
- L51) “Role of Brain Natriuretic Peptide Levels in Diagnosis” Natriuretic Peptides Symposium, American College of Cardiology Scientific Sessions 2004, New Orleans, LA, March 8, 2004.
- L52) “Renal Insufficiency and the Heart” Symposium Co-Chair, American College of Cardiology Scientific Sessions 2004, New Orleans, LA, March 9, 2004.
- L53) “Renal Insufficiency and Bypass Surgery” Renal Insufficiency and the Heart Symposium, American College of Cardiology Scientific Sessions 2004, New Orleans, LA, March 9, 2004.
- L54) “Causes and Consequences of Contrast-Induced Nephropathy and other Major Adverse Coronary Events” Contrast-Induced Nephropathy: Addressing the Needs of the High Risk Patient. A Satellite Symposium to the American College of Cardiology Scientific Sessions 2004, New Orleans, LA, March 9, 2004.
- L55) “Chronic Kidney Disease as a Cardiovascular Risk Factor” 2nd Annual Scientific Symposium, AHA of Puerto Rico, San Juan, PR, March 13, 2004
- L56) “Modern use of Angiotensin Receptor Blockade in Cardiovascular Disease” 2nd Annual Scientific Symposium, AHA of Puerto Rico, San Juan, PR, March 13, 2004
- L57) “Chronic Kidney Disease and Cardiovascular Disease” Satellite Symposium: Impact of Anemia Correction in Cardiovascular Patients, American Society of Hypertension Annual Scientific Session, New York, NY, May 22, 2004.
- L58) “Contrast-Induced Nephropathy—Clinical Anomaly or Reality” Satellite Symposium: Selecting Contrast Media - Implications for Patient outcomes, EuroPCR 2004, Paris, France, May 26, 2004.
- L59) “Contrast Nephropathy” Intervention 2004. American College of Cardiology Nationwide Symposium, CNN Center, Atlanta, GA, June 2, 2004.
- L60) “Technical Issues in Selection of the BNP Assay” Satellite Symposium of the American Association of Clinical Chemistry, Los Angeles, CA, July 28, 2004.
- L61) “B-type Natriuretic Peptide in Clinical Practice” New Development in Cardiac Biomarkers for Detection and Management of Cardiovascular Diseases, EBAC Accredited Educational Programme, in conjunction with the European Society of Cardiology 2004 Annual Congress, Munich, Germany, August 30, 2004.

- L62) “Hot Topics: Renal Disease and Contrast Nephropathy—Implications for the PCI Patient” Session Moderator, Transcatheter Cardiovascular Therapeutics 2004, September 27, 2004.
- L63) “Definition and Pathophysiology of Contrast Nephropathy”, “Hot Topics: Renal Disease and Contrast Nephropathy—Implications for the PCI Patient” Transcatheter Cardiovascular Therapeutics 2004, September 27, 2004.
- L64) “Use of BNP in Clinical Practice” “Hot Topics: Clinical Utility of Biomarkers” Transcatheter Cardiovascular Therapeutics 2004, September 28, 2004.
- L65) “Contrast Media, Renal Insufficiency, and Radiocontrast Nephropathy” Introduction to Cardiac Catheterization and Indications for Percutaneous Interventions, 7th Annual Interventional Cardiology Self Assessment and Review Course, Transcatheter Cardiovascular Therapeutics 2004, September 29, 2004.
- L66) “Body Weight—Optimal Targets and How Good are We in Getting There” “Drug Combinations for Cardiovascular Disease” Duke Clinical Research Institute and U.S. Food and Drug Administration Think Tank, Washington, DC, October 8, 2004.
- L67) “Does Coronary Calcification Imply Plaque Instability?” Managing Cardiovascular and Calcium/Phosphorus Complications of CKD. Official Luncheon Symposium, Renal Week 2004, American Society of Nephrology, St. Louis, MO, October 20, 2004.
- L68) “B-type Natriuretic Peptide in the Diagnosis of Acute Heart Failure,” New Advances in the Diagnosis and Management of Acute Decompensated Heart Failure, Satellite Symposium to the AHA Scientific Sessions 2004, New Orleans, LA, November 8, 2004.
- L69) “Oportunidades para Aprimoramento no Tratamiento da Insuficiencia Cardiaca,” 3rd Congresso Brasileiro de Insuficiencia Cardiaca, II Simposio Luso-Brasileiro de Insuficiencia Cardiaca, I Encontro Multiprofissional em Insuficiencia Cardiaca, II Simposio Latinoamericano de Insuficiencia Cardiaca, (Portugese) Salvador, Bahía, Brasil, November 25-27, 2004.
- L70) “Peptideo Natriuretico Intravenoso-Perspectivas para Emprego na IC Descompensada,” 3rd Congresso Brasileiro de Insuficiencia Cardiaca, II Simposio Luso-Brasileiro de Insuficiencia Cardiaca, I Encontro Multiprofissional em Insuficiencia Cardiaca, II Simposio Latinoamericano de Insuficiencia Cardiaca, (Portugese) Salvador, Bahia, Brasil, November 25-27, 2004.
- L71) “Nesiritide (Peptideo Natriuretico Intravenoso) uma Nova Arma no Tratamento da IC Grave e Decompensada,” 3rd Congresso Brasileiro de Insuficiencia Cardiaca, II Simposio Luso-Brasileiro de Insuficiencia Cardiaca, I Encontro Multiprofissional em Insuficiencia

Cardiaca, II Simposio Latinoamericano de Insuficiencia Cardiaca, (Portuguese) Salvador, Bahia, Brasil, November 25-27, 2004.

- L72) "Conferenca Magna (Keynote Address): The Cardiorenal Intersection: Crossroads to the Future," 3rd Congresso Brasileiro de Insuficiencia Cardiaca, II Simposio Luso-Brasileiro de Insuficiencia Cardiaca, I Encontro Multiprofissional em Insuficiencia Cardiaca, II Simposio Latinoamericano de Insuficiencia Cardiaca, (Portuguese) Salvador, Bahia, Brasil, November 25-27, 2004.

- L73) "Practical Use of BNP in the Diagnosis and Management of Heart Failure" Medical Grand Rounds, Olathe Regional Medical Center, Olathe, KS, December 3, 2004.

- L74) "Management of Heart and Renal Failure" The 36th Annual Cardiovascular Conference at Snowmass, ACC, Snowmass, CO, January 18, 2005.

- L75) "Contrast-Induced Nephropathy" The 36th Annual Cardiovascular Conference at Snowmass, ACC, Snowmass, CO, January 18, 2005.

- L76) "Combined Heart and Kidney Failure" Cardiovascular Conference at Snowmass, Aspen, CO, January 18, 2005.

- L77) "Practice Strategies and Protocols to Reduce Renal Complications" PCI: Understanding and Managing In-Hospital Cardiac and Renal Complications, 3rd European Summit, Chantilly, France, February 11, 2005.

- L78) "HDL Cholesterol: A Powerful New Therapeutic Target" 14th (Conference Chair) Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 14, 2005.

- L79) "BNP-ology, is the Enthusiasm Warranted?" (Conference Chair) 14th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 15, 2005.

- L80) "Anticoagulation for Atrial Fibrillation: Can Warfarin be Replaced?" (Conference Chair) 14th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 18, 2005.

- L81) "New Multimarker Strategies in the Diagnosis of Acute Coronary Syndromes" Satellite Symposium to the 54th Annual American College of Cardiology Scientific Sessions 2005, Orlando, FL, March 7, 2005.

- L82) "Effect of Lowering LDL Level on Progression of Vascular Calcification" Reducing the Burden of Cardiovascular Calcification in Chronic Kidney Disease, Satellite Symposium to the Renal Physicians Association Annual Meeting, Washington, DC, March 20, 2005.

- L83) "Why Chronic Kidney disease is a CVD risk factor: Practical Implications in the Care of Cardiovascular Patients" Cardiology Grand Rounds, Clinical Science Institute, Galway, Ireland, UK, May 5, 2005.
- L84) "Clinical Application of B-type Natriuretic Peptide Levels in the Care of Cardiovascular Patients" EuroLab 2005, Glasgow, Scotland, UK, May 9, 2005.
- L85) "Anemia Is a Cardiovascular Risk Factor in Patients With Diabetic Nephropathy" The Kidney is a Key Link between Diabetes and Cardiovascular Disease: Managing Risk; Satellite Symposia to the Annual Scientific Sessions of the American Association of Clinical Endocrinology, Washington, DC, May 18, 2005.
- L86) "CIN: Emerging Trends in Identifying and Managing the At-risk Patient" Cardiovascular and Interventional Radiology Society of Europe (CIRSE) 2005, Nice, France, September 13, 2005.
- L87) "Recent Advances in Cardiac Markers and their Clinical Role in Cardiovascular Disease: Update of the BNP Consensus Panel Statements and Cost Effectiveness of BNP Testing" Turning Science into Caring Programme, Abbott European Laboratory Symposium, Wiesbaden-Delkenheim, Germany, October 14, 2005.
- L88) "Epidemiology and Prevention of Contrast Nephropathy" Transcatheter Therapeutics Annual Scientific Sessions, Washington, DC, October 19, 2005.
- L89) "BNP—What Does it All Mean?" Heart Failure 2005: What to Do for the Failing Left Ventricle" AHA Symposium in Conjunction with the 2005 Scientific Sessions, Dallas, TX, November 11, 2005.
- L90) "How to Use Cardiac Biomarkers in Heart Failure" 2005 Annual Scientific Sessions of the AHA, Dallas, TX, November 14, 2005, broadcasted nationally as "Best of Sessions 2005 on Wednesday, November 30 from 1:00-2:30PM EST"
- L91) "Chronic Kidney Disease as a Cardiovascular Risk State: Practical Management for the Cardiologist" St. Vincent's Hospital, University of British Columbia, Distinguished Speakers in Cardiovascular Medicine, 2005-2006, Vancouver, BC, Canada, December, 1, 2005.
- L92) "Anemia, Chronic Kidney Disease, and Cardiovascular Disease: Diagnosis, Prognosis, and Treatment. Nephrology Grand Rounds, University of British Columbia, St. Vincent's Hospital, Vancouver, BC, Canada, December 2, 2005.
- L93) "The Deadly Triangle of Anemia, Kidney and Heart Disease: Implications for Treatment and Management" 37th Annual Cardiovascular Conference at Snowmass, January 20, 2006, Snowmass, CO.

- L94) "Anemia in Cardiovascular Patients: Diagnosis, Prognosis, and Therapy." AHA, Prevention VIII Conference: Kidney Disease, Hypertension, and Cardiovascular Disease, January 27, 2006, Orlando, FL.
- L95) "Update on Bariatric Surgery" (Conference Chair) 15th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 17, 2006.
- L96) "Multimarker Approach to Chest Pain." Satellite Symposium to the Annual Scientific Sessions of the American College of Cardiology, March 11, 2006, Atlanta, GA.
- L97) "Preventing Contrast Nephropathy: What Works?" American College of Cardiology Annual Scientific Sessions (ACC.06 and the i2 Summit 2006), March 14, 2006, Atlanta, GA.
- L98) "Consensus statements on strategies to reduce the risk of CIN." Satellite Symposium Society for Cardiac Angiography and Intervention 29th Annual Scientific Sessions (Symposium Chair): Consensus Statements on Contrast-Induced Nephropathy (CIN): Report of an International, Multidisciplinary Panel, Chicago, IL, May 11, 2006.
- L99) "Contrast-induced nephropathy: identifying and managing the patient at risk." Euro PCR 2006 Satellite Symposium: The Underestimated Impact of Contrast Media on Patient Outcomes in PCI (Symposium Chair), Paris, France, May 27, 2006.
- L100) "Debate: Acute Decompensated Heart Failure--Biomarker will suffice" 17th Annual Scientific Sessions of the American Society of Echocardiography, Baltimore, MD, June 6, 2006.
- L101) "Heart and Kidney: Clinical Impact of Contrast Media" Update on Cardiovascular Disease 2006, Casa Di Cura Montevergine, Napoli Castel Dell'Ovo, Naples, Italy, June 19, 2006.
- L102) "Cardiovascular Disease in CKD: Where Does Calcium Fit In?" Satellite Symposia: Current Strategies for the Management of Hyperphosphatemia in End-Stage Renal Disease. European Renal Association/European Dialysis and Transplantation Association Annual Scientific Meeting, Glasgow, Scotland, July 17, 2006.
- L103) "Applications of BNP in Cardiovascular Disease" Satellite Symposia: New and Evolving Markers for Cardiovascular Disease: Myeloperoxidase (MPO) and BNP. American Association of Clinical Chemistry Annual Meeting, Chicago, IL, July 26, 2006.
- L104) "Clinical Applications of B-type Natriuretic Peptide Testing" Clinical Biochemistry Satellite Symposium: The Role of Biochemical Markers in Clinical Cardiology, Sponsored by the Australasian Association of Clinical Biochemists at the 54th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand, Canberra, Australia, August 4, 2006.

- L105) “Update on BNP in the Management of Heart Failure” 54th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand, Canberra, Australia, August 6, 2006.
- L106) “Update on BNP in the Management of Heart Failure” Cardiology Grand Rounds, Royal North Shore Hospital, Sydney, Australia, August 7, 2006.
- L107) “Contrast-Induced Nephropathy: Identifying and Managing the Patient at Risk” Advances in Contrast-Enhanced Imaging: Improving Outcomes and Reducing Risks of Iodinated Contrast (Chairman), a CME Satellite Symposium at the Transcatheter Therapeutics 2006 Conference, Washington, DC, October 24, 2006.
- L108) “Cardiorenal Syndrome: Etiology, Therapy, and Prognosis” Unresolved Issues in Heart Failure, Cardiovascular Seminars, 2006 Annual Scientific Sessions of the AHA, Chicago, IL, November 14, 2006
- L109) “Prevention and Management of CAD in CKD” Coronary Artery Disease in CKD: Updating the Pathophysiology and Management. Official Symposium of the American Society of Nephrology, Sand Diego, CA, November 16, 2006.
- L110) “Pharmacologic Prevention of Sudden Death in Dialysis Patients” Sudden Death in Hemodialysis Patients: Towards Prevention. American Society of Nephrology Renal Week 2007, San Diego, CA, November 17, 2006.
- L111) “Contrast Nephropathy: Finding Consensus on a Rational Approach” Radiology Grand Rounds, Hôpital Notre-Dame, University of Montreal, Canada, November 23, 2006.
- L112) “Contrast Nephropathy: Finding Consensus on a Rational Approach” Radiology Grand Rounds, Hôpital St-Luc, University of Montreal, Canada, November 23, 2006.
- L113) “Cardiorenal Syndrome and Anemia” 3rd Annual Heart Failure University (HFU) Cardiovascular Fellows Program, Los Angeles, CA, December 2, 2006.
- L114) “Implications of Age-Related Decline in Renal Function” 16th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 12, 2007.
- L115) “Using BNP in Your Practice: Pearls and Pitfalls” 16th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 15, 2007.
- L116) “Consensus Panel Findings on Contrast Nephropathy” 16th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 16, 2007.

- L117) “Measuring BNP in ACS,” American College of Cardiology Scientific Sessions Satellite Symposium, “ACS & Biomarkers: From Molecules to Patient Management”, New Orleans, LA, March 24, 2007.
- L118) “Anemia Correction and CVD Trials” “Ask the Experts” clinicaltrialresults.org, American College of Cardiology Scientific Sessions, New Orleans, LA, March 26, 2007.
- L119) “CKD and CVD: Interaction and Risk Factors”, Kidney Disease: The Unrecognized Silent Killer, NKF 2007 Scientific Meetings, Orlando, FL, April 11, 2007.
- L120) “Contrast-Induced Nephropathy: A Meta-Analyses of the Renal Safety of Iodixanol” Special Lecture for the Radiological Society of the Republic of China, National Yang-Ming University, School of Medicine, Taipei, Taiwan, May 4, 2007.
- L121) “Contrast-Induced Nephropathy: A Meta-Analyses of the Renal Safety of Iodixanol” Annual Meeting of Kaohsiung Society of Radiology, Chang Gung Memorial Hospital, Kaohsiung Hsien, Taiwan, May 5, 2007.
- L122) “Meta-Analyses of the Renal Safety of Iodixanol”, Plenary Session, 15th Annual Scientific Congress of the Hong Kong College of Cardiology, Hong Kong, SAR, May 6, 2007.
- L123) “Contrast-Induced Nephropathy: A Meta-Analyses of the Renal Safety of Iodixanol” Cardiology Special Lecture, 12th Department of Cardiology, Beijing AnZhen Hospital, Beijing, Peoples Republic of China, May 7, 2007.
- L124) “Prevention of CIN during PCI in Diabetic Patients: Proposal of a Guideline” (Prevencion del Fracaso Renal Inducido por Contraste en Pacientes Diabeticos Sometidos a Intervencionismo Coronario: Propestuesta de un Protocolo Actuacion), Optimizacion del Tratamiento de Revascularizacion Percutanea en Pacientes Diabeticos, TEAM (Terapia Endovascular & Miocardica), Hospital del Mar, Barcelona, Spain, May 11, 2007.
- L125) “Acute Kidney Injury from Iodinated Contrast: Findings from an International Panel,” Hungarian Society of Cardiology Annual Scientific Meeting (Magyar Kardiologusok Tarsasaga Tudomanyos Kongresszusa) Balatonfured, Hungary, May 12, 2007.
- L126) “Which Types and Which Amount of Physical Activities to Achieve and Maintain a Healthy Body Weight?” 4th Metabolic Syndrome, Type II Diabetes, and Atherosclerosis Congress (MSDA), 2007, Lisbon, Portugal, May 19, 2007.
- L127) “The Role of BNP in Patients with Shortness of Breath,” Laboratory Diagnostic Technologies for Patients with Shortness of Breath, Satellite Symposium to the American Association of Clinical Chemistry Annual Scientific Meeting, San Diego, CA, July 18, 2007.

- L128) "Acute Kidney Injury after Contrast: A Serious Problem by Any Name", Hemodynamics, Electrolytes, Acute Kidney Injury: Novel Considerations in Contrast Selection, Transcatheter Cardiovascular Therapeutics 2007 Annual Meeting Satellite Symposium, Washington, DC, October 23, 2007.
- L129) "Vascular Calcification: Myth versus Reality: A Cardiologist's Perspective," Changing Paradigms: Evolving Bone and Mineral Metabolism Treatment in CKD, An American Society of Nephrology 2007 Official Symposia, San Francisco, CA, November 3, 2007.
- L130) "Contrast-Induced Nephropathy" Cardiology Grand Rounds, Auckland City Hospital, Auckland, New Zealand, November 22, 2007.
- L131) "Practical Use of Natriuretic Peptides in Cardiovascular Disease" North Shore Hospital- Waitemata Health, Takapuna, Auckland, New Zealand, November 22, 2007.
- L132) "Practical Use of Natriuretic Peptides in Cardiovascular Disease" Waikato Hospital, Hamilton, New Zealand, November 23, 2007.
- L133) "Practical Use of Natriuretic Peptides in Cardiovascular Disease" Wakefield Hospital, Adelaide, Australia, November 23, 2007.
- L134) "Clinical Utilization of Cardiac Troponin and Natriuretic Peptides in ACS and CHF" Satellite Symposium to Australasian Emergency Meeting (ACEM), Gold Coast, Brisbane, Australia, November 27, 2007.
- L135) "Clinical Utilisation of Cardiac Troponin and Natriuretic Peptides in ACS and CHF: Part 1: Congestive Heart Failure, Part 2: Acute Coronary Syndrome, Part 3: Cardio-Renal Syndrome, Kuala Lumpur, Malaysia, November 29, 2007.
- L136) "Multimarker Strategies in the Management of Cardiovascular Emergencies," YMCA for Dr. H.F.Ho, Queen Elizabeth Hospital, Hong Kong, SAR, November 30, 2007.
- L137) "Practical Management of Cardiovascular Disease in Patients with Kidney Disease" Williamsburg, Virginia for the 34th Annual Williamsburg Conference on Heart Disease, Williamsburg, VA, December 3, 2007.
- L138) "New Cardiovascular Drugs" 17th Annual Cardiovascular Conference at Beaver Creek" Avon, CO, February 12, 2008.
- L139) "New Insights into Atherosclerosis and Global CVD Risk," 17th Annual Cardiovascular Conference at Beaver Creek" Avon, CO, February 12, 2008.

- L140) “Plenary 2 : Mini-Symposia: Acute Kidney Injury (AKI): Pathophysiology: Contrast Nephropathy: Epidemiology and Prognosis” 13th Annual International Conference on Continuous Renal Replacement Therapies, San Diego, CA, February 28, 2008.
- L141) “Heart Failure and Cardio-Renal Syndrome 1: Pathophysiology” 13th Annual International Conference on Continuous Renal Replacement Therapies, San Diego, CA, February 29, 2008.
- L142) “Hemodynamic Monitoring: Principles and Practice” 13th Annual International Conference on Continuous Renal Replacement Therapies, San Diego, CA, February 29, 2008.
- L143) “Cardiovascular Calcification, Potential Strategies in Minimizing Cardiovascular Disease in CKD”, Satellite Symposia at the 57th ACC Annual Scientific Sessions, Chicago, IL, March 30, 2008.
- L144) “Emergency Evaluation of Chest Pain: Building a Better Mousetrap” Olathe Medical Center Annual Heartbeat Symposium, Olathe, KS, April 4, 2007.
- L145) “Interventions and CVD Interactions in Diabetics with Proteinuria” Satellite Symposia (Chairman) Chronic Kidney Disease Interventions: Improving CKD and CVD Outcomes” NKF Clinical Meeting 2008, Dallas, TX, April 5, 2008.
- L146) “Shifting Paradigms in PCI: Controversial Issues in High-Risk Patients” International Symposium (Chairman), Barcelona, Spain, April 10, 2008.
- L147) “Success in Identifying Heart Failure” Satellite Symposia “Managing CVD: What Every Internist Needs to Know” Annual Scientific Sessions of the American College of Physicians, Washington, DC, May 14, 2008.
- L148) “Cardiovascular Calcification in Patients with Chronic Kidney Disease” Satellite Symposia “Cardiovascular Disease in CKD: Strategies for Minimizing Mortality” Annual Scientific Sessions of the American College of Physicians, Washington, DC, May 15, 2008.
- L149) “Clinical Trial Designs in Contrast Induced Acute Kidney Injury,” Third Annual AKIN Conference on Research Initiatives in AKI, Bethesda, MD, June 10-12, 2008.
- L150) “Neutrophil Gelatinase Associated Lipocalin (NGAL)” on Behalf of Inverness Medical, Third Annual AKIN Conference on Research Initiatives in AKI, Bethesda, MD, June 10-12, 2008.
- L151) “Practical Strategies to Manage Contrast-induced Acute Kidney Injury (CI-AKI): The Evidence and the Controversy” Radiological Society of Taiwan, Taipei, Taiwan, July 17, 2008.

- L152) “Practical Strategies to Manage Contrast-induced Acute Kidney Injury (CI-AKI): The Evidence and the Controversy” Radiological Society of Taiwan, Kaushiung, Taiwan, July 18, 2008.
- L153) “Practical Strategies to Manage Contrast-induced Acute Kidney Injury (CI-AKI): The Evidence and the Controversy” Contrast-Induced Nephropathy Symposium, Professor Yalin Han, MD, Chairwoman of Military Cardiology Society of China, Shenyang, China, July 20, 2008.
- L154) Cardiology Teaching Rounds, with Professor Runlin Gao, Beijing Fuwai Hospital, Beijing, China, July 21, 2008.
- L155) Cardiology Teaching Rounds, with Professor Yujie Zhou, Beijing Anzhen Hospital, Beijing, China, July 21, 2008.
- L156) Cardiology Teaching Rounds with Professor Yundai Chen, General Hospital of Military, Peoples Liberation Army, Beijing, China, July 21, 2008.
- L157) “Practical Strategies to Manage Contrast-induced Acute Kidney Injury (CI-AKI): The Evidence and the Controversy” Contrast-Induced Nephropathy Symposium, Contrast-Induced Nephropathy Symposium, Professor Runlin Gao, Chairman of Chinese Cardiology Society, Beijing, China, July 22, 2008.K
- L158) “New Insights on Accelerated Vascular Calcification in Patients with Kidney Disease” Plenary Session: Ischemic Heart Disease/Risk Assessment/New Treatment Strategies” International Academy of Cardiology 14th World Congress on Heart Disease, Annual Scientific Sessions, Toronto, Ontario, Canada, July 29, 2008.
- L159) “Cardiorenal Syndrome: the Diagnostic Value of Brain Natriuretic Peptide and Neutrophil Gelatinase Associated-Lipocalin in Interventional Cardiology,” Cardiovascular Biomarkers which Enhance Clinical Practice in Emergency Medicine and Cardiology: the State of the Art for Markers of Necrosis, Hemodynamic Stress and Cardiorenal Syndrome, Satellite Symposium to the European Society of Cardiology Annual Scientific Sessions, Munich, Germany, September 2, 2008.
- L160) “Diagnosis and Management of Diabetes, Hypertension, and Acute Dyspnea,” 2008 CVD and CKD Intersection Consensus Conference, Chicago, IL, September 26, 2008.
- L161) “Chronic Kidney Disease and Contrast Nephropathy (Contrast-Induced Acute Kidney Injury [CI-AKI]): From Prognostic Scores to the Latest Preventive Strategies” Complex Patients, Complex Lesions, 20th Annual Transcatheter Therapeutics Conference, Washington, DC, October 14, 2008.

- L162) “Chronic Kidney Disease: a CHD Risk Equivalent” 2008 Cardiometabolic Health Congress, Harvard Medical School, Boston, MA, October 19, 2008.
- L163) “Hyperphosphatemia as a Cardiovascular Risk Factor” Nephrology Conference, The Ottawa Hospital, Ottawa, Ontario, Canada, October 28, 2008.
- L164) “Cardiovascular Calcification in Patients with Chronic Kidney Disease” Nephrology Division-Wide Conference, The Ottawa Hospital, Ottawa, Ontario, Canada, October 28, 2008.
- L165) “Hyperphosphatemia and CVD Risk,” Management of Hyperphosphatemia Across the Continuum of CKD, American Society of Nephrology Satellite Symposium, Philadelphia, PA, November 8, 2008.
- L166) “Cardiovascular Calcification” Nephrology Grand Rounds, Humber River Regional Hospital, Toronto, Ontario, Canada, December 9, 2009.
- L167) “Cardiovascular Calcification” Nephrology Grand Rounds, St. Joseph’s Hospital, Toronto, Ontario, Canada, December 9, 2009.
- L168) “Critical Concepts in the Progression of Atherosclerosis” 18th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 9, 2009.
- L169) “New Molecular Targets in the Treatment of Atherosclerosis” 18th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 9, 2009.
- L170) “Sudden Cardiac Death in Patients with Renal Disease” 18th Annual Cardiovascular Conference at Beaver Creek, Beaver Creek, CO, February 12, 2009.
- L171) “Cardiovascular and Renal Implications of Contrast Media” Radiology Grand Rounds, The Kingston Hospital, Queens University School of Medicine, Kingston, Ontario, Canada, March 3, 2009.
- L172) “Recent Evidence into the Pathophysiology of Cardiovascular Calcification in Chronic Kidney Disease,” NKF Symposium 2009 Spring Clinical Meetings, “Exploring Recent Evidence Related to Cardiovascular Calcification and Chronic Kidney Disease”, Nashville, TN, March 27, 2009.
- L173) “Chronic Kidney Disease: Implications For Patients With CAD” Managing the High Risk Coronary Patient, I2 Summit, American College of Cardiology Annual Scientific Sessions, Orlando, FL, March 30, 2009.
- L174) “BNP and Cardiovascular Disease” Cardiology Grand Rounds, Hospital PróCardíaco, Rio de Janeiro, Brasil, April 14, 2009.

- L175) “Acute Cardiac Effects of Marathon Running” Special Guest Lecture, CLINIMEX - Clínica de Medicina do Exercício, Rio de Janeiro, Brasil, April 14, 2009.
- L176) “Interface entre doença renal e cardiovascular: o rim mata o coração ou o coração mata o rim? Da para evitar esse extermínio?” Terapeutica Cardiovascular International, Hospital Espanhol, Salvador, Brasil, April 17, 2009.
- L177) “A angiotomografia coronária deve ser empregada em todo paciente com doença torácica de risco baixo-moderado?” Terapeutica Cardiovascular International, Hospital Espanhol, Salvador, Brasil, April 17, 2009.
- L178) “Conferencia Internacional: Oportunidades para aperfeiçoar o tratamento da insuficiência cardíaca avançada/descompensada” Terapeutica Cardiovascular International, Hospital Espanhol, Salvador, Brasil, April 17, 2009.
- L179) “Invasive Versus Non-invasive Coronary Angiography: Guidelines for Achieving Optimal Outcomes” Annual Scientific Sessions of the Society for Cardiac Angiography and Intervention, Las Vegas, NV, May 7, 2009.
- L180) “Cardiorenal Syndrome” Moderator, American Society of Nephrology Annual Scientific Sessions, Renal Week 2009, San Diego, CA, October 29, 2009.
- L181) “The Creatinine Changes: Now What?” Cardiorenal Syndromes, Annual Scientific Sessions, AHA, Orlando, FL, November 16, 2009.
- L182) “Cardiorenal Syndromes: Strategies for Success” 19th Annual Cardiovascular Conference at Beaver Creek, Avon, CO, February 6-11, 2010.
- L183) “Cardiomyopathy of Obesity” 19th Annual Cardiovascular Conference at Beaver Creek, Avon, CO, February 6-11, 2010.
- L184) “Why Does Atherosclerosis Calcify: Clinical Implications” 19th Annual Cardiovascular Conference at Beaver Creek, Avon, CO, February 6-11, 2010.
- L185) “Prevention Trials in AKI” 15th International Conference on Continuous Renal Replacement Therapies (CRRT: 2010) Scientific Meeting, Del Coronado, CA, February 24, 2010.
- L186) “Cardiology Trials” 15th International Conference on Continuous Renal Replacement Therapies (CRRT: 2010) Scientific Meeting, Del Coronado, CA, February 24, 2010.

- L187) “Contrast Nephropathy: Prevention and Management” 15th International Conference on Continuous Renal Replacement Therapies (CRRT: 2010) Scientific Meeting, Del Coronado, CA, February 26, 2010.
- L188) “Lipoprotein-Associated Phospholipase A2 (Control#: 4599)” Symposium: Do New Markers & Genomics Enhance Risk Prediction? Annual Scientific Sessions of the ACC, Atlanta, GA, March 15, 2010.
- L189) “New Insights Into the Role of Heart-Kidney Interactions in the Cardiorenal Syndrome” (Control#: 16660) Symposium: Recognition and Management of the Cardiorenal Syndrome in Advanced Heart Failure, Annual Scientific Sessions of the American College of Cardiology, Atlanta, GA, March 15, 2010.
- L190) “B-Type Natriuretic Peptides in Cardiorenal Syndromes” 5th Annual Turning Science into Caring Symposium, Wiesbaden, Germany, March 25, 2010.
- L191) “CKD and CVD Interaction in KEEP” KEEP Update: the Common Soil of CKD and CVD, NKF Spring Clinical Meetings, Orlando, FL, April 16, 2010.
- L192) “Cardio Renal Intersection, Crossroads to the Future - Novel Coronary Risk Factors” NKF Spring Clinical Meetings, Orlando, FL, April 16, 2010.
- L193) “Diagnostic Workup of suspected heart disease in CKD” NKF Spring Clinical Meetings, Orlando, FL, April 17, 2010.
- L194) “BNP: Beyond Heart Failure (BNP más allá de la insuficiencia cardiaca)”, XIX Chile 2010 Congreso Latinoamericano de Bioquímica Clínica, XVI Congreso Chileno de Química Clínica, Biomarcadores en Enfermedades Cardio-Renales COLABIOCLI 2010, Santiago del Chile, April 21, 2010.
- L195) “Prevention of Cardiorenal Syndromes”, 19th International Vicenza Course on Critical Care Nephrology, Vicenza, Italy, June 10, 2010.
- L196) “La Pandemia de la Obesidad: Que podemos hacer aquí y ahora” “Importancia de la Evaluación previa y el monitoreo cardiaco en rehabilitación cardiaca” “Ergoespirometria: Diagnostico e implicaciones terapéuticas,” Sociedad Colombiana de Cardiología y Cirugía Cardiovascular Fundación Colombiana del Corazón Comité de Prevención y Rehabilitación Cardiovascular Día Mundial del Corazón, Santa Marta, Colombia, September 25, 2010.
- L197) “CKD: A CHD Equivalent” 2010 Cardiometabolic Health Congress (CMHC), Boston MA, October 22, 2010.
- L198) “Treatment Disparities in Patients with Acute Coronary Syndromes and Kidney Disease” AHA Scientific Sessions 2010, Chicago, IL, November 13, 2010.

- L199) “Integration of Advanced Information Technology into Nephrology Practice” Moderator, at the American Society of Nephrology, Denver, CO, November 21, 2010.
- L200) “Cardiorenal Syndromes” Special Lecture, Mansoura Nephrology and Urology Center, Mansoura, Egypt, November 29, 2010.
- L201) “Neutrophil Gelatinase Associated Lipocalin.” Al Mokhtabar Laboratories, Cairo, Egypt, December 1, 2010.
- L202) “Cardiorenal Syndromes” ACC Williamsburg Conference, Williamsburg, VA, December 5, 2010.
- L203) “Micronutrients and Cardiorenal Disease: Insights into Novel Assessments and Treatment” 13th International Conference on Dialysis, Advances in CKD 2011, Miami, FL, January 26, 2011.
- L204) “Managing High Risk Patients in a i2 Spotlight entitled Cardiac Care Team Spotlight: Approaches for CAD Management” American College of Cardiology 60th Annual Scientific Session and i2 Summit 2011, April 2, 2011, in New Orleans, LA.
- L205) “Lipid Management in Patients with Renal Insufficiency in a ACC Symposium entitled Lipid Management in Special Populations” American College of Cardiology 60th Annual Scientific Session and i2 Summit 2011, April 2, 2011, in New Orleans, LA.
- L206) “KEEP Symposium 2011: KEEP A New Longitudinal Dimension for a New Decade” NKF Spring Clinical Meetings, April 29, 2011, Las Vegas, NV.
- L207) “Disparities of Treatment for ACS and Heart Failure in CKD Patients” 20th International Vicenza Course on Hemodialysis and CKD, June 8, 2011, Vicenza, Italy.
- L208) “AKI: Can We Prevent It?” 20th International Vicenza Course on Hemodialysis and CKD, June 9, 2011, Vicenza, Italy.
- L209) “Measuring Natriuretic Peptides in Acute Coronary Syndromes” American Association of Clinical Chemistry Annual Meeting, Atlanta, GA, July 26, 2011.
- L210) “Biomarkers in Stable Angina and Microvascular Dysfunction”, Emerging Role of Biomarkers in Cardiorenal Syndrome and Acute Coronary Syndrome: Diagnosis Stratification and Management, Siena Italy, September 2, 2011.
- L211) “Cardiorenal Syndrome Definition and Scope: Cardiac Perspective” 28th National Congress of Nephrology, Hypertension, Dialysis, and Transplantation, Antalya, Turkey, October 20, 2011.

- L212) “Targeted Hypertension Management for Optimal Cardiorenal Outcomes” 28th National Congress of Nephrology, Hypertension, Dialysis, and Transplantation, Antalya, Turkey, October 22, 2011.
- L213) “The KEEP Experience” 3rd International Symposium on Albuminuria – The Prognostic Role of Albuminuria: Impact on Kidney and Cardiovascular Outcomes, Groningen, Netherlands, December 1, 2011.
- L214) “Cardiorenal Syndromes” Cardiology Guest Lecture, University of Chicago, Pritzker School of Medicine, Chicago, IL, January 18, 2012.
- L215) “Diagnosis of Cardiovascular Disease in CKD” 14th international conference on dialysis, advances in CKD 2012, Palm, Harbor, FL, January 26, 2012
- L216) “Acute Kidney Injury Guidelines” KDIGO Clinical Practice Conference: KDIGO Guidelines on Acute Kidney Injury, Glomerulonephritis, and Anemia, Shanghai, China, February 5, 2012
- L217) “Galectin-3: A Novel Blood Test for the Evaluation and Management of Heart Failure” Cardiology Grand Rounds, University of Arkansas for Medical Sciences, Little Rock, Arkansas, February 8, 2012
- L218) “Contrast-Induced Acute Kidney Injury” 17th Annual CRRT 2012, Acute Kidney Injury Controversies, Challenges, and Solutions, San Diego, CA February 15, 2012
- L219) “Recent Trials in the Prevention of Contrast-Induced AKI: Importance of Emerging Biomarkers” 17th Annual CRRT 2012, Acute Kidney Injury Controversies, Challenges, and Solutions, San Diego, CA February 17, 2012
- L220) “Role of Galectin-3 in Heart Failure” Joint American Association of Cardiologists of Indian Origin and ACC Dinner Symposium, American College of Cardiology Scientific Sessions 2012, Chicago, IL, March 25, 2012
- L221) “Bariatric Surgery: A Cure for Obesity?” American College of Cardiology Scientific Sessions 2012, Joint Symposium of the American Association of Clinical Endocrinologists and the ACC: Cardiologists as Endocrinologists – Emerging Management of the Diabetic Patient, Chicago, IL, March 26, 2012
- L222) “Practical Management of Obesity for the Cardiologist” 48th Annual Robert M. Jeresaty Cardiovascular Symposium, Hartford, CT, May 3, 2012
- L223) “Prevention of Cardiovascular Events: Beyond Statins” 48th Annual Robert M. Jeresaty Cardiovascular Symposium, Hartford, CT, May 3, 2012

- L224) “Contrast Media and Patient Safety: The Clinical Impact” Swiss Congress of Radiology, Zurich, Switzerland, May 31, 2012
- L225) “Importance of Methodological Rigor in CI-AKI Meta-Analyses” 48th Congresso Nazionale Italian Society of Radiology (SIRM), Torino, Italy, June 2, 2012
- L226) “Chronic Kidney Disease and Heart Failure” 2012 Cardiometabolic Health Congress (CMHC) Boston, MA, October 12, 2012
- L227) “Chronic Kidney Disease and Acute Myocardial Infarction” CKD a Recipe for CVD Disaster, Kidney Week, American Society of Nephrology, San Diego, CA, October 30, 2012
- L228) “Epidemiology and Pathophysiology of Coronary Artery Disease in Chronic Kidney Disease” Scientific Sessions 2012, AHA, Los Angeles, CA, November 5, 2012
- L229) “The Cardiorenal Syndrome” Acute Dialysis Quality Initiative 11: Cardiorenal Syndromes, Venice, Italy, November 30, 2012
- L230) “Cardiorenal Syndromes” Cardiology Grand Rounds, University of Missouri School of Medicine, Columbia, MO, December 20, 2012
- L231) “Diagnosis and Management of Coronary Disease in Patients with Kidney Disease” Internal Medicine Grand Rounds, University of Missouri School of Medicine, Columbia, MO, December 20, 2012
- L232) “The Hypertension Epidemic: Are We Any Further Ahead?” 22nd Annual Cardiovascular Conference at Beaver Creek, Avon, CO, February 9-16, 2013
- L233) “Cardiorenal Syndromes: The Cardiac Perspective” Inaugural Cardio Renal Society of America (CRSA), 14th Annual Southwest Nephrology Conference (SWNC), Chandler, AZ, March 2, 2013
- L234) "Managing Hyponatremia in Cardiorenal Syndromes" Satellite Symposia to the NKF Spring Clinical Meetings, Orlando, FL, April 3, 2013
- L235) “Session Title: Debate: To Screen or Not to Screen for CKD--PRO? NKF Spring Clinical Meetings, Orlando, FL, April 5, 2013
- L236) “Galectin-3: A Novel Biomarker for the Assessment and Management of Heart Failure” Heart Failure Conference, University of Pittsburgh Medical Center, Pittsburgh, PA, May 28, 2013

- L237) “The Kidney in Heart Failure” 31st International Vicenza Course on Critical Care Nephrology, June 11-14, 2013, Vicenza, Italy
- L238) “Contrast-Induced Acute Kidney Injury” 31st International Vicenza Course on Critical Care Nephrology, June 11-14, 2013, Vicenza, Italy
- L239) “Novel Biomarkers in the Prognosis and Management of Heart Failure” BUMC Medicine Grand Rounds, August 20, 2013, Dallas, TX
- L240) “Cardiorenal Syndromes: New Insights into Combined Heart and Kidney Failure” Cardiology Grand Rounds, University of Virginia Medical Center, August 26, 2013, Charlottesville, VA
- L241) “Major Advances in the Treatment of Atherosclerosis: New Options for Patients with Familial Hypercholesterolemia and Those Intolerant to Conventional Lipid Lowering Therapy” Cardiology Update, University of Missouri School of Medicine, September 14, Columbia, MO
- L242) “Keynote Address: Recent Advances in the Assessment of Acute Kidney Injury with Neutrophil Gelatinase Associated Lipocalin” 47th Brazilian Congress of Clinical Pathology and Laboratory Medicine, September 23, 2013, Sao Paulo, Brazil.
- L243) “Advancements in Cardiometabolic Risk Assessment: Expert Analysis of Recent Evidence and Outcomes” 2013 Cardiometabolic Health Congress, October 2, 2013, Boston, MA.
- L244) “Keynote Address: Cardiorenal Syndromes: New Insights to Patients with Combined Heart and Kidney Failure” Fourth Italian Great Network Congress, Focus on Innovation and Translational Research in Emergency Medicine, Sapienza Universita di Roma, October 14-18, 2013, Rome, Italy.
- L245) “Practical Experience with Galectin-3” Fourth Italian Great Network Congress, Focus on Innovation and Translational Research in Emergency Medicine, Sapienza Universita di Roma, October 14-18, 2013, Rome, Italy.
- L246) “Using Novel Biomarkers in the Assessment and Management of Heart Failure” Bon Secours Cardiovascular Conference, October 25, 2013, Williamsburg, VA
- L247) “Detection and Consequences of Iron Deficiency Anemia in CKD Patients” Session Title: The Role of Iron in the Optimization of Anemia Management in CKD, American Society of Nephrology, Kidney Week, November 9, 2013, Atlanta, GA
- L248) “Bench to Bedside: What Happens to the Physiologic Systems After an Acute Bout of High Intensity/Volume Exercise?” Session Title: Cardiovascular Seminar entitled Potential

Cardiotoxicity of Extreme Endurance Exercise, Annual Scientific Sessions of the AHA, November, 20, 2013, Dallas, TX.

- L249) “Atrasentan for the treatment of diabetic nephropathy: how to control the risk of heart failure?” Session Title: “Lessons Learned from First Post FDA Guidance Case Studies of Diabetes CV Outcomes Trials, 10th Global CardioVascular Clinical Trialists (CVCT) Forum, December 7, 2013, Paris, France.

- L250) “Reflection: Biomarker-based modeling tools: safer drugs and faster development?” A workshop initiated by the TI-Pharma Escher project for academia, industry, and the European Medicines Agency, January 24, 2014, Amsterdam, the Netherlands.

- L251) “Focus on lipids: HDL and Its Associated Lipoproteins in Cardiac and Renal Disease” Changing Paradigms in Acute Kidney Injury: From Mechanisms to Management Sponsored by UAB/UCSD O’Brien Center for AKI Research, 19th International Conference on Advances in Critical Care, CRRT 2014, International Society of Nephrology, Acute Kidney Injury Network, March 4-7, 2014, San Diego, CA.

- L252) “Cardiac and Renal Fibrosis in Chronic Cardiorenal Syndromes” Targeting Recovery from Acute Kidney Injury:, 19th International Conference on Advances in Critical Care, CRRT 2014, International Society of Nephrology, Acute Kidney Injury Network, March 4-7, 2014, San Diego, CA.

- L253) “Statins for AKI: Friend or Foe” Controversies in Critical Care Nephrology:, 19th International Conference on Advances in Critical Care, CRRT 2014, International Society of Nephrology, Acute Kidney Injury Network, March 4-7, 2014, San Diego, CA.

- L254) “Managing Heart Failure and Cardiorenal Syndrome” Workshop, 19th International Conference on Advances in Critical Care, CRRT 2014, International Society of Nephrology, Acute Kidney Injury Network, March 4-7, 2014, San Diego, CA.

- L255) “ST2: A Novel Biomarker in the Assessment and Management of Heart Failure” 2nd Annual Cardio Renal Society of America (CRSA), 15th Annual Southwest Nephrology Conference (SWNC), Ft. McDowell, AZ, March 8, 2014.

- L256) “Cardiac and Renal Fibrosis in Chronic Cardiorenal Syndromes” 2nd Annual Cardio Renal Society of America (CRSA), 15th Annual Southwest Nephrology Conference (SWNC), Ft. McDowell, AZ, March 8, 2014.

- L257) “New Approaches to the Management of Cardiorenal Syndromes” 2nd Annual Cardio Renal Society of America (CRSA), 15th Annual Southwest Nephrology Conference (SWNC), Ft. McDowell, AZ, March 8, 2014.

- L258) “My New Favorite Biomarker: Galectin-3” 2014 UCSD Biomarkers in Clinical Practice Symposium, La Jolla, CA, April 5, 2014.
- L259) “Changing Profile of Chronic Hyperkalemia” NKF Spring Clinical Meetings, Las Vegas, NV, April 24, 2014.
- L260) “The Next Generation of Screening for Kidney Disease” NKF Spring Clinical Meetings, Las Vegas, NV, April 25, 2014.
- L261) “Cardiorenal Syndromes” Cardiology, Diabetes & Nephrology at the Limits, Royal College of Physicians, London, UK, April 26, 2014.
- L262) “Acute Cardiorenal Syndromes: New Insights into Combined Heart and Kidney Failure” Actual Problems of Extracorporeal Blood Purification in Intensive Care, Russian Scientific Society of Specialists in Extracorporeal Blood Purification, Bakoulev Scientific Center for Cardiovascular Surgery of the Russian Academy of Medical Sciences, Moscow, Russia, May 22, 2014.
- L263) "Fibrosis in the Heart and Kidneys in the Pathogenesis of Chronic Cardiorenal Syndromes" Actual Problems of Extracorporeal Blood Purification in Intensive Care, Russian Scientific Society of Specialists in Extracorporeal Blood Purification, Bakoulev Scientific Center for Cardiovascular Surgery of the Russian Academy of Medical Sciences, Moscow, Russia, May 23, 2014.
- L264) “Hyperkalemia: Old Foe with New Faces” 51st European Renal Association – European Dialysis and Transplantation Association Congress, Amsterdam, the Netherlands, June 2, 2014.
- L265) “Contrast Induced Complications in the Cath Lab” Transcatheter Cardiovascular Therapeutics (TCT) Russia, Moscow, Russia, June 16, 2014.
- L266) “The RAASi Debate: Should RAAS Continue with a Declining GFR?: Will the Path be Clearer” Co-Chair, European Society of Cardiology, Barcelona, Spain, August 31, 2014.
- L267) “Novel Markers of Acute and Chronic Kidney Injury,” Where Inflammation Meets Lipids: Broad Based Strategies for Risk Reduction, Cleveland Heart Labs, Cleveland, OH, September 12, 2014.
- L268) “Advances in the Understanding of Acute and Chronic Cardiorenal Syndromes: Pathophysiological Crosstalk of Multiple Metabolic and Neurohormonal Systems” 41st Williamsburg Cardiovascular Conference, Williamsburg, VA, December 7, 2014.
- L269) “CHADS, CHADS-VASc, HAS-BLED, What Does it Mean and How Do We Use It? Atrial Fibrillation Session, Dallas-Leipzig Valve 2104, Dallas, TX, December 11, 2014.

- L270) “Soup-to-Nuts Renal Failure: Caring for the Patient with Kidney Injury” Society of Critical Care Medicine, Phoenix, AZ, January 19, 2015.
- L271) “RAASi Optimization in Heart Failure” 2nd Annual Cardiorenal Society of America Meeting, Phoenix, AS, February 28, 2015.
- L272) “Cardiac Surgery Associated Acute Kidney Injury” Association of Physician Assistants in Cardiac Surgery, Las Vegas, NV, March 3, 2015.
- L273) “The Potassium Challenge in CKD: Managing Acute and Chronic Hyperkalemia: Novel Polymer-Based Potassium Binders: Clinical Evidence” NKF Spring Clinical Meetings, March 27, 2015.
- L274) “KEEP Healthy: Insights into CKD Care” NKF Spring Clinical Meetings, March 28, 2015.
- L275) “The Heart of the Matter” NKF Spring Clinical Meetings, March 28, 2015.
- L276) “Literature Review: CVD” NKF Spring Clinical Meetings, March 28, 2015.
- L277) “Biomarkers of Kidney and Heart Injury in Cardiorenal Syndrome” Cardioneurology 2015, Rome, Italy, April 16, 2015.
- L278) “AKI after Acute Myocardial Infarction: Contrast, Organ Crosstalk and Complications” 33rd Vicenza Course on Critical Care Nephrology in Vicenza, Italy, June 9-12, 2015.
- L279) “A New Mechanism of Action for Addressing Hyperkalemia: New Data on Non-Polymer Hyperkalemia Therapies” 33rd Vicenza Course on Critical Care Nephrology in Vicenza, Italy, June 9-12, 2015.
- L280) “Lp-PLA2 as a marker of Vascular Inflammation and CHD Risk Assessment” Symposium: Advances in Laboratory Testing for Coronary Heart Disease; The New PLAC Test for Lp-PLA2 Activity, American Association of Clinical Chemistry Annual Meeting, Atlanta, GA, June 29, 2015.
- L281) “Galectin-3 in the Prognosis and Management of Heart Failure” American Association of Clinical Chemistry Annual Meeting, Atlanta, GA, June 29, 2015.
- L282) “Cardio-Renal Syndrome and Clinical Implications” AKI from Pathophysiology to Clinical Implications, Global Research on Acute Conditions Team (GREAT) Annual Meeting, Rome, Italy, September 5, 2015.
- L283) “Lp-PLA2 and Testing for Primary Prevention Risk Assessment” 2015 Cardiometabolic Health Congress, Harvard Medical School, Boston, MA, October 22, 2015.

- L284) “Heart and Kidney: a Dangerous Liaison” Comorbidities in Heart Failure: From Guidelines to Clinical Practice, 775 Anniversary University of Sienna, Sienna, Italy, October 29, 2015.
- L285) “Role of BNP, Pro-BNP, and Elevated Left Ventricular Mass in Cardiorenal Syndrome” American Society of Nephrology Kidney Week, San Diego, CA, November 6, 2015.
- L286) “How to Use Urine Thromboxane B2 to Select and Monitor Aspirin Therapy” Moderator, Scientific Sessions 2015, AHA, Orlando, FL, November 10, 2015.
- L287) “Putting it All Together: How to Use Urine 11-Dehydrothromboxane B2 In Clinical Practice” Scientific Sessions 2015, AHA, Orlando, FL, November 10, 2015.
- L288) “Neurogenic Orthostatic Hypotension” Moderator, Scientific Sessions 2015, AHA, Orlando, FL, November 10, 2015.
- L289) “Cardiac Cachexia” Managing Disease Related Lean Body Mass Loss Through Clinical and Nutritional Interventions, The Sackler Institute for Nutrition Science The New York Academy of Sciences, New York, NY, December 4, 2015.
- L290) “The Devastating Consequences of Systemic Hypertension and What To Do About It?” 42st Williamsburg Cardiovascular Conference, Williamsburg, VA, December 6-8, 2015.
- L291) “The Impact and Management of Malnutrition in Patients with Heart Failure” Heart Failure University 2015, Conference Co-Chair, Los Angeles, CA, December 11-13, 2015.
- L292) “Acute and Chronic Cardiovascular Effects of Hyperkalemia: New Insights Into Prevention and Clinical Management” Heart Failure University 2015, Conference Co-Chair, Los Angeles, CA, December 11-13, 2015.
- L293) “Lipoic Acid in the Prevention of Acute Kidney Injury” 21st International Conference on Continuous Renal Replacement Therapies CRRT 2016, San Diego, CA, February 16-18, 2016.
- L294) “Novel Approaches for Recognition and Management of Life Threatening Complications of AKI and CKD” 21st International Conference on Continuous Renal Replacement Therapies CRRT 2016, San Diego, CA, February 16-18, 2016.
- L295) “Making Iodinated Contrast Less Nephrotoxic with Cyclodextrin” 21st International Conference on Continuous Renal Replacement Therapies CRRT 2016, San Diego, CA, February 16-18, 2016.

- L296) “Cardiorenal Syndrome” 4th Annual Cardio-Renal Metabolic Conference, Cardiorenal Society of America, Phoenix, AZ, March 13, 2016.
- L297) “Cardiorenal Syndromes Identification: Prevention and Management of CI-AKI” China Interventional Therapeutics (CIT), Beijing, Shanghai Zhong Shan Hospital, Shanghai, The 2nd Affiliated Hospital of Zhejiang University, Hangzhou, Xi Jing Hospital, Xi’an, Nanjing 1st Hospital, Nanjing, Peoples Republic of China, March 14-21, 2016.
- L298) “Cardiorenal Syndromes” Keynote Address, Inaugural Cardio-Renal Connections Meeting, San Antonio, TX , April 16, 2016.
- L299) “Galectin-3 in the Prognosis and Management of Heart Failure” American Association of Clinical Chemistry Annual Scientific Meeting, Philadelphia, PA, August 1, 2016.
- L300) Hemodialysis University, “Is It Heart Failure or Fluid Overload?”, Chicago, IL, September 10, 2016.
- L301) “Novel Agents for the Treatment of Hyperkalemia” Heart Failure Society of America Annual Scientific Meeting, Orlando, FL, September 18, 2016.
- L302) Symposium “Hyperkalemia in the Emergency Department: Updates on the Current Management of a Complex Condition.” “Novel Agents for the Prevention and Treatment of Hyperkalemia” American College of Emergency Physicians Scientific Assembly, Las Vegas, NV, October 14, 2016
- L303) Moderator “CVD in Patients with CKD: Update from the CRIC Study” Annual Scientific Sessions of the AHA, New Orleans, LA, November 13, 2016
- L304) Program Chairman “A Night at the Museum: Inaugural Symposium of the Cardiorenal Society of America Transcending the Dinosaurs: Guiding AKI Prevention using next-gen biomarkers: Real World Experiences from modern practices” satellite Symposium at American Society of Nephrology Kidney Week, Field Museum, Chicago, IL, November 18, 2016
- L305) “Pathobiologic Systems Involved in Cardiorenal Disease” 43rd Williamsburg Cardiovascular Conference, Williamsburg, VA, December 3-5, 2016
- L306) “Cardiac Cachexia” Heart Failure University, MedReviews LLC, Los Angeles, CA, December 10, 2016
- L307) “Is There a Role for Bariatric Surgery in Heart Failure Patients with Obesity?” Scientific Sessions 2017, American College of Cardiology , Washington, DC, March 18, 2017

- L308) “Vascular and Cardiac Hypertrophy in Fabry Disease” 5th Annual Fabry Nephropathy Update, Mexico City, Mexico, April 26, 2017
- L309) “Introduction to Cardiorenal Medicine” Cardiorenal University, Anaheim, CA, May 18, 2017
- L310) “Sudden Death in End-Stage Renal Disease” Cardiorenal University, Anaheim, CA, May 18, 2017
- L311) “Cardiorenal Syndromes and Heart Failure” Conference Chair, Disease Global Outcomes (KDIGO) Controversies Conference on Heart Failure in Chronic Kidney Disease, Athens, Greece, May 25-28, 2017
- L312) “Vadadustat Does Not Prolong Corrected QT Interval In A Thorough QTC Study In Healthy Subjects” 54th ERA-EDTA Congress, Madrid, Spain, June 3-6, 2017
- L313) “Cardiorenal Syndromes” 1st Annual Heart iN Diabetes: Where the Heart, Kidney, and Diabetes Meet in Clinical Practice, Philadelphia, PA, July 14-16, 2017
- L314) “Cardiovascular Disease in Patients with Chronic Kidney Disease: A Serious Link” TOP 2017--Target Organ Protection Conference, Bangalore, India, August 11, 2017
- L315) “Statin Therapy to Prevent Onset and Progression of Vascular Disease” TOP 2017--Target Organ Protection Conference, Bangalore, India, August 11, 2017
- L316) “Keynote Address: Cardiorenal Society of America” 5th Annual Scientific Meeting of the Cardiorenal Society of America, Phoenix, AZ, October 6, 2017
- L317) “Cardiovascular Benefits of Home Hemodialysis” Addressing Unmet Needs in Dialysis: Cardiovascular Care and Volume Control Symposium, Kidney Week 2017 American Society of Nephrology, New Orleans, LA, November 4, 2017
- L318) “CIEDs in ESRD Patients: What Are the Long-Term Data?” Kidney Week 2017 American Society of Nephrology, New Orleans, LA, November 4, 2017
- L319) “Cardiovascular Seminar Cardiorenal Syndrome: Who hurts who?” AHA Scientific Sessions 2017, Anaheim, CA, November 14, 2017
- L320) “Cardiac and Renal Fibrosis in CRS” AHA Scientific Sessions 2017, Anaheim, CA, November 14, 2017
- L321) Chair, Inaugural Cardiometabolic University and Nutrition Academy “The Skinny on Weight Loss: Practical Considerations for the Cardiovascular Specialist” MedReviews, Westlake, TX, December 1-3, 2017

- L322) “Clinical Laboratory Advancements in Cardiometabolic Disease: Screening, Diagnosis, Prognosis, and Management” 44th Annual Williamsburg Conference on Heart Disease, Williamsburg, VA, December 4, 2017
- L323) “The Skinny on Weight Loss: Practical Approaches for the Cardiovascular Specialist” Cardiometabolic University 2017, Conference Chair, Dallas, TX , December 1-3, 2017
- L324) “Diagnosis, Evaluation, and Role of Biomarkers in Heart Failure” Heart Failure University 2017, Conference Co-Chair, Los Angeles, CA, December 10-12, 2017
- L325) “Biomarkers of Kidney Dysfunction and Cardiorenal Syndrome” University of California at San Diego 14th Annual Biomarkers in Heart Failure and Acute Coronary Syndromes: Diagnosis, Treatment and Devices, San Diego, CA, March 2, 2018
- L326) “What do I do to Prevent Contrast Induced Renal Injury” 23rd International Conference on Continuous Renal Replacement Therapies CRRT 2018, San Diego, CA, March 8, 2018
- L327) “AKI in the patient with Cancer” 23rd International Conference on Continuous Renal Replacement Therapies CRRT 2018, San Diego, CA, March 8, 2018.
- L328) “CKD-Related Anemia and Cardiac Complications” NKF Spring Clinical Meetings, Austin, TX April 14, 2018
- L329) “Principles of Distributive Shock” Cardiorenal Society of America National Grand Rounds Series, Boston, MA, April 30, 2018
- L330) “Biomarkers with More Muscle: Moving Beyond Serum Creatinine to Define Cardiorenal Syndrome in HF” Heart Failure Society of American Annual Scientific Sessions, Nashville, TN, September 15, 2018
- L331) “Heart Failure in Cardiorenal Syndrome: Updates on Biomarkers” Cardiorenal Society of America Annual Scientific Meeting, Phoenix, AZ, October 6, 2018
- L332) “Novel Approaches in Lowering LDL-C” Cardiorenal Society of America Annual Scientific Meeting, Phoenix, AZ, October 6, 2018
- L333) “What Do We Know About Cardiorenal Physiology? An Overview” American Society of Nephrology Kidney Week, San Diego, CA, October 26, 2018
- L334) “Prevention of Heart Failure: The Next Frontier” Cardiometabolic Health Conference, Boston, MA, October 27, 2018

- L335) “AKI and Heart Failure: How to Manage Compared to the General Population”
Cardiometabolic Health Conference, Boston, MA, October 27, 2018
- L336) “SGLT-2 Inhibitors and Cardio-renal Outcomes: Mechanistic Role and Rationale for
Treatment of Heart Failure” American Heart Association Annual Scientific Sessions,
Chicago, IL, November 10, 2018
- L337) “Obesity and Heart Disease” 44th Annual Williamsburg Conference on Heart Disease,
Williamsburg, VA, December 4, 2018
- L338) “Current Concepts in Hypertension Management” University of Texas Health Science
Center, Tyler, TX, January 15, 2019
- L339) “Managing the Heart Failure Patient with Worsening Renal Function (WRF)” 24th
International Conference on Continuous Renal Replacement Therapies CRRT 2019, San
Diego, CA, February 28, 2019
- L340) “Cardiorenal Syndrome: What Have We Learned?” 24th International Conference on
Continuous Renal Replacement Therapies CRRT 2019, San Diego, CA, February 28, 2019
- L341) ” Debate: Biomarker Guided Heart Failure Therapy: Con: Neuropeptides; ST2” 15th
Annual USCD Biomarkers in Heart Failure and Acute Coronary Syndromes, Diagnosis,
Treatment & Devices, La Jolla, CA March 1, 2019
- L342) “Cardiorenal Syndromes” Cardioneurology Congress, Rome, March 12 to 14, 2019
- L343) “Iron and Heart Failure” Cardiometabolic Health Congress West meeting in Phoenix,
AZ on Saturday, May 4, 2019
- L344) “Up to Date Management of Arrhythmias in Dialysis Patients” National Kidney
Foundation Spring Clinical Meetings, May 11, 2019
- L345) “Lipids in Chronic Kidney Disease” National Kidney Foundation Spring Clinical
Meetings, May 11, 2019
- L346) “Cardiorenal Syndromes” Helen Dunham Cardio-Renal Lecture and Cardiovascular
Grand Rounds, Brigham and Women’s Hospital, Boston, MA, May 23, 2019
- L347) “Chronic Kidney Disease as a Cardiovascular Risk State” Helen Dunham Cardio-Renal
Lecture and Cardiovascular Grand Rounds, Brigham and Women’s Hospital, Boston, MA,
May 23, 2019

- L348) “Biomarkers and Assessment of Cardiac Function In Fabry Cardiomyopathy” 6th Update on Fabry Disease: Biomarkers, Progression and Treatment Opportunities, Prague, Czech Republic, May 26-28, 2019
- L349) “Contrast-Induced Acute Kidney Injury” 37th Vicenza Course on AKI &CRRT, Vicenza, Italy, May, 28-30 2019
- L350) “Cardiac Biomarkers in AKI” 37th Vicenza Course on AKI &CRRT, Vicenza, Italy, May, 28-30 2019
- L351) “Risk Mitigation in the Cardiac Catheterization Laboratory” 37th Vicenza Course on AKI &CRRT, Vicenza, Italy, May, 28-30 2019
- L352) “Pathophysiology and Current Concepts in Classification” Clinical Practice Clinical Science Track: Treatment of Cardiorenal Syndrome, American Heart Association Hypertension Scientific Sessions, New Orleans, LA, Sept 8, 2019
- L353) “Cardiovascular Genetics” 44th Annual Williamsburg Conference on Heart Disease, Williamsburg, VA, December 9, 2019
- L354) “Cardiorenal Syndromes” 17th World Congress on Insulin Resistance, Diabetes & Cardiovascular Disease (WCIRDC), Los Angeles, CA, December 4-7, 2019
- L355) “Cardiorenal Syndromes” Internal Medicine Grand Rounds, Eastern Virginia College of Medicine, Norfolk, VA, February 19, 2020
- L356) "Keynote Address: Prevention of Heart and Kidney Disease” Annual Cardio Renal Metabolic Conference, Cardiorenal Society of America, Phoenix, AZ March 6, 2020
- L357) “Cardioprotective Effects of Antidiabetic Medications: Focus on Sodium-Glucose Transporter-2 Antagonists” Annual Cardio Renal Metabolic Conference, Cardiorenal Society of America, Phoenix, AZ March 7, 2020
- L358) “Fabry Disease: A Unique Cardiorenal Model” Annual Cardio Renal Metabolic Conference, Cardiorenal Society of America, Phoenix, AZ March 7, 2020
- L359) “Biomarkers in Heart and Kidney Disease: Practical Applications” Annual Cardio Renal Metabolic Conference, Cardiorenal Society of America, Phoenix, AZ March 7, 2020
- L360) “Expert Briefing from ADA 2020 Select Sessions: Update on Heart Failure for the Diabetologist & Cardiorenal–Metabolic Axis in Diabetes” American Diabetes Association, June 14, 2020

- L361) “CKD, CHD and Hyperkalaemia: Clinical Outcomes, Morbidity and Mortality” American College of Cardiology - American Society of Nephrology Masterclass September 11, 2020
- L362) “RAASi Enabling in Cardiology Practice - Traditional vs New Potassium Binders; Potassium Binders for Treatment of Hyperkalaemia in HF” American College of Cardiology - American Society of Nephrology Masterclass September 11, 2020
- L363) “Optimizing Transitions from Hospital to Home: Best Practices for Reducing Readmissions in Heart Failure” Hospital Management Summit, October 3, 2020.
- L364) “Assessment and Management of Hyperkalemia in the Hospital Setting: Optimizing Patient Outcomes” Hospital Management Summit, October 3, 2020.
- L365) “Navigating the Challenges of Cardio-Renal Syndrome” 7th Annual Kansas Cardiovascular Symposium, October 10, 2020
- L366) “Management Considerations for Heart Failure in CKD” American Society of Nephrology Kidney Week 2020, October 24, 2020
- L367) “Pathophysiologic Basis and Rationale for Early Ambulatory Treatment of SARS-CoV-2 (COVID-19), Scilnov, November 2, 2020
- L368) “CV and Renal Benefits with new anti-diabetes medications: Potential Mechanisms” CReDO Conferences Middle East North Africa (MENA) 2020, November 6, 2020
- L369) “Consequences of Withholding GDMT for Heart Failure in CKD: One Step Forward, Two Steps Back” AHA 2020 November 16, 2020
- L370) “Early Ambulatory Treatment for SARS-CoV-2 (COVID-19)” Early Outpatient Treatment: An Essential Part of a COVID-19 Solution. US. Senate Committee on Homeland Security and Governmental Affairs, Washington DC November 19, 2020
- L371) “Pathophysiological Basis & Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection” 18th Annual World Congress Insulin Resistance Diabetes & Cardiovascular Disease, December 3, 2020
- L372) “Early Ambulatory Therapy for COVID-19 and Update on Vaccine Safety” Heritage Foundation, Washington DC, June 23, 2021
- L373) “Pathophysiological Basis and Clinical Rationale for Early Ambulatory Treatment of COVID-19” Question Everything Conference Lockdowns – Is Now the Time for a Better Solution?, London, UK, July 17, 2021

L374) “Pathophysiological Basis and Clinical Rationale for Early Ambulatory Treatment of COVID-19 and Update on Vaccine Safety” American Academy of Anti-Aging Medicine, Ann Arbor, MI, July 18, 2021

INTERNAL COMMITTEE POSITIONS

- 1) Member, Henry Ford Medical Group Hypertension Control Committee, 1998.
- 2) Ranking Member and Presenter, HFHS Institutional Review Board, 1998-2000.
- 3) Member, HFHS Teaching and Education Committee, Co-Chair of the Research Subcommittee, 1999-2000
- 4) Member, HFHS Graduate Medical Education Committee, 1999-2000.
- 5) Member, HFHS, Internal Medicine Residency Selection Committee, 1998-2000.
- 6) Chair, HFHS, Cardiovascular Diseases Fellowship Program Selection Committee, 1999-2000.
- 7) Co-Chair, HFHS, Information Technology and Medical Records Committee, 1999-2000.
- 8) Member, HFHS Department of Internal Medicine, Research Committee, 1999-2000.
- 9) Member, UMKC Adult Health Sciences Institutional Review Board, 2001-2002
- 10) Member, UMKC, Cardiovascular Diseases Fellowship Program Selection Committee, 2000-2002
- 11) Member, Truman Medical Center (TMC) Information Technology Steering Committee, 2001-2002.
- 12) Member, WBH Diabetes Research Center Steering Committee, 2002-2003
- 13) Chairperson, WBH Staff Privileges Appeals Committee, March 31, 2004
- 14) Chairperson, WBH Search Committee for Medical Director of Transplantation Medicine, 2005-2006
- 15) WBH Research Institute Board of Governors, board member, 2007-2010

- 16) Oakland University William Beaumont School of Medicine, Medical Student Committee (founding) for development of Liaison Committee on Medical Education (LCME) application, 2007-2010
- 17) St. John Providence Health System Graduate Medical Education Steering Committee (Chair), 2010 to 2013
- 18) St. John Providence Health System Research Leaders Committee, Chair, 2010 to 2012; Co-Chair 2012 to 2013
- 19) Ascension Michigan Research Affinity Group, Chair, 2010 to 2012; Co-Chair 2012 to 2013
- 20) St. John Providence Health System Executive Committee, 2011 to 2013
- 21) St. John Providence Health System Guidelines Committee, 2012 to 2013
- 22) St. John Providence Health System Presidents Council, 2012 to 2013
- 23) St. John Providence Health System Electronic Medical Record Meaningful Use Steering Committee, 2013
- 24) BUMC Graduate Medical Education Committee, 2014 to present
- 25) BUMC Internal Medicine Residency Program Clinical Competency Committee, 2014 to 2021
- 26) BUMC Clinical Cardiology Fellowship Program Clinical Competency Committee, 2014 to 2021
- 27) BUMC Founding Member, Department of Molecular Pathology and Medicine, 2016 to 2021
- 28) BUMC Precision Medicine Executive Committee, 2016 to 2021
- 29) BUMC COVID-19 Therapeutic Task Force 2020

EXTERNAL COMMITTEE POSITIONS

- 1) Member, AHA National Women's Heart Disease and Stroke Campaign, Healthcare Provider Sub-Group, Dallas, TX, 1998-1999
- 2) Member, AHA, Chronic Coronary Disease in the Elderly National Database Planning Committee, Dallas, TX, 1998-2000

- 3) Chair, Michigan Chapter of the American College of Cardiology, Annual Mini-Board Review, 1999-2000
- 4) Member, Michigan Chapter of the American College of Cardiology, Annual Meeting Planning Committee, 1999-2000
- 5) Member, National Kidney Disease Outcomes Quality Initiative (K/DOQI) Clinical Practice Guidelines Committee on Chronic Kidney Disease, Andrew S. Levey, MD, Chair, 2001-2002
- 6) Member, K/DOQI Learning System (KLS)TM Advisory Board, NKF, New York, NY, 2003 to 2010
- 7) Member, International EECF Patient Registry Working Group, 2003-2008.
- 8) Counselor at large, Michigan Chapter of the American College of Cardiology, 2004-2006
- 9) Member, Planning Committee, AHA, Prevention VIII Conference: Kidney Disease, Hypertension, and Cardiovascular Disease, January 26-28, 2006, Orlando, FL
- 10) Chair, Contrast-Induced Nephropathy (CIN) Working Group Consensus Panel, (international, multispecialty, consensus panel with published findings) 2004-2006. Published in *Am J Cardiol* 2006 Vol 98(6)
- 11) Workgroup Member, Kidney Disease Improving Global Outcomes (KDIGO), United States Representative, Amsterdam, Netherlands, 2004, 2006
- 12) Member, Kidney Disease Improving Global Outcomes (KDIGO) Group for the development of Clinical Practice Guidelines for the Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease Related Mineral and Bone Disorders (CKD-MBD), Paris, France, 2007-2008
- 13) Board of Directors Member, Kidney Disease Improving Global Outcomes (KDIGO), United States Representative, Brussels, Belgium, 2007-2010
- 14) Workgroup Member, The Sixth International Acute Dialysis Quality Initiative (ADQI) Consensus Conference VI: Acute Kidney Injury in Cardiac Surgery, Vicenza, Italy May 27 – 28, 2007
- 15) Workgroup Leader, Prevention: The Seventh International Acute Dialysis Quality Initiative (ADQI) Consensus Conference VII: Cardiorenal Syndrome, Venice, Italy, September 4-5, 2008, with publication in *Nephrology, Dialysis, and Transplantation*, 2010.
- 16) Chairman, Natriuretic Peptide Testing in Acute Coronary Syndromes Consensus Panel, with published findings in *Reviews in Cardiovascular Medicine* 2010, Dallas, TX, March 2, 2010

- 17) Scientific Advisory Board, NKF, New York, NY, 2010 to present
- 18) Scientific Advisory Board, Cardiorenal Society of America, Phoenix, AZ, 2012 to present
- 19) Workgroup Member, "Cardiovascular Disease in CKD: What is it and what can we do about it?" Kidney Disease Improving Global Outcomes (KDIGO), October 29-31, 2010, London, England.
- 20) Chairman, "Cardio-Renal Syndromes II: from pathophysiology to therapy" Eleventh Consensus Conference Cardio-Renal Syndromes II November 30 – December 2, 2012, Venice, Italy.
- 21) Conference Co-Chair: "Kidney Disease Global Outcomes (KDIGO) Controversies Conference on Heart Failure in Chronic Kidney Disease", Athens, Greece, May 25-28, 2017
- 22) Chairman, "Cardiometabolic University", Dallas, TX, December 3-4, 2017
- 23) Chair, American Heart Association Council on the Kidney in Cardiovascular Disease and Council on Clinical Cardiology. Cardiorenal Syndrome: Classification, Pathophysiology, Diagnosis, and Treatment Strategies: A Scientific Statement From the American Heart Association, 2019
- 24) Committee Member, American College of Cardiology, Navigating Treatment Decisions for Patients with ASCVD and Multiple Comorbidities Committee, 2019-2020
- 25) Chief Medical Advisor, Truth for Health Foundation, Tucson AZ, 2021 to present
- 26) Advisory Board Member, TrialSite News, 2021 to present
- 27) National and International Advisor/Reviewer/Presenter/Contributor for 4D Molecular Therapies, ABC News, Abbott Laboratories, AbbVie, Advanced Health Media, Aegerion, Affymax, Akceia, Akebia, Alere North America, AMAG, Amersham, Amgen, Amylin, AntiSeptiscope, Aralez, Ardian, Adelyx, Arra Hitech, Astellas, AstraZeneca, Astute Medical, Atherotech, Axio, BG Medicine, Avenue Therapeutics, Aventyn, Back Bay Lifescience Advisors, Bayer, Biocritique, Bioexpertise, Biomarin, Bionest Partners, Bioporto, Biosite, Biostar, BioZ, Boehringer Ingelheim, Braintree Laboratories, Broeker, Bristol Myer Squibb, Cardiokine, Cardiorientis, Chapman and Priest, Charles River Associates, Chelsea Therapeutics, Chiesi USA, ClearView Healthcare Partners, Clinipace, Complexa, Connected Research and Consulting, CorMedix, Cornerstone Therapeutics, Corvidia, Covance, Critical Diagnostics, Cromsource, Crossover Technologies, Chrysalis BioTherapeutics, Cytopheryx, Cytel, DaVita, Daws, DeMatteo Monness, Diadexus, Daiichi Sankyo, Decision Resources, ECG Healthcare, Edwards Life Sciences, Elsevier, Espirion, F. Hoffmann-La Roche Ltd, Fast Biomedical, Fish and Richardson, LLC, Fisher Scientific, FlowMedica Inc, Frictionless Digital,

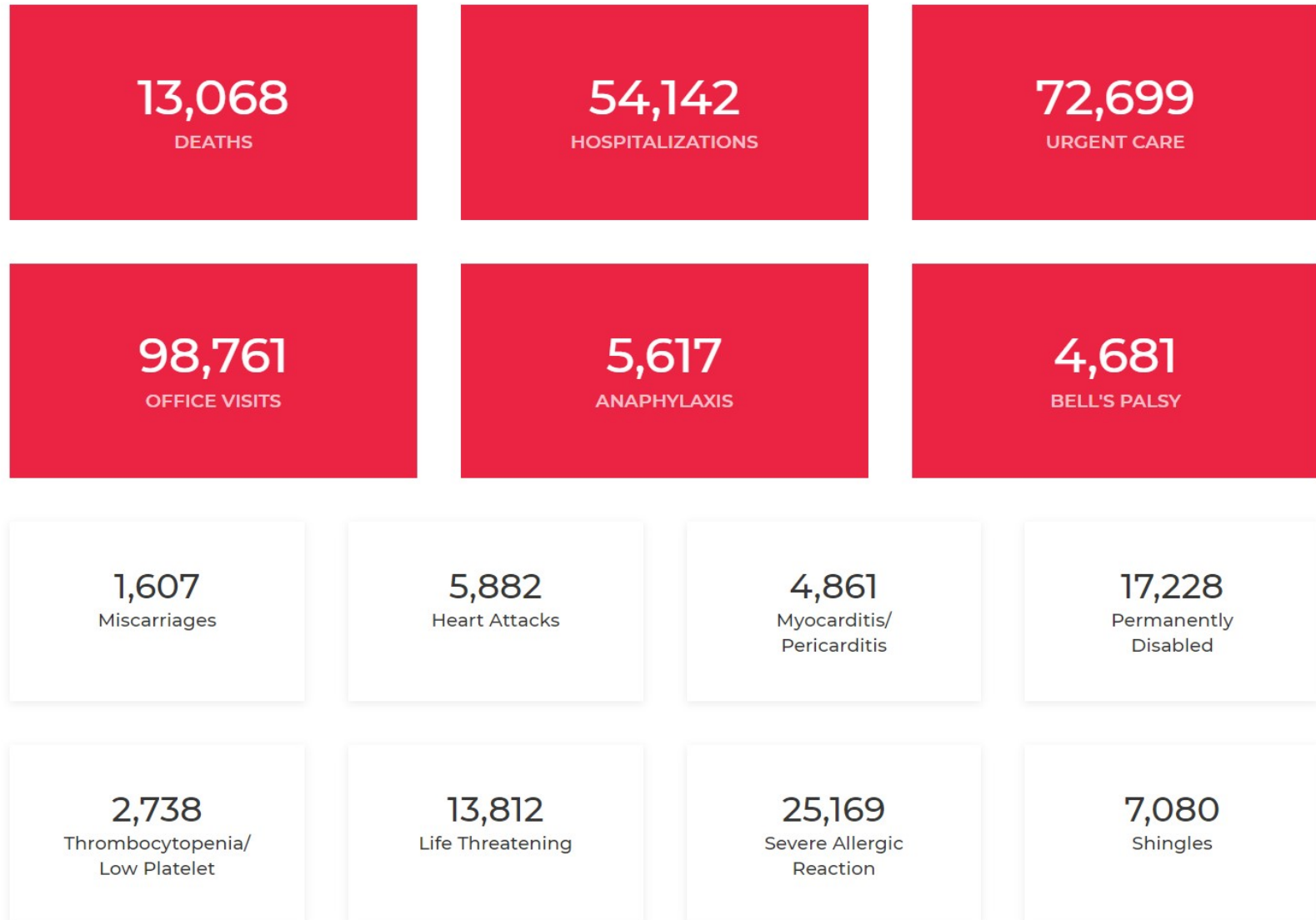
Fresenius Medical Care, General Electric, Genzyme, Gerson Lehrman, Gilead, GVI Clinical Development Solutions, Health Law Partners, Healthspan DX, HealthSTAR Communications, Hershey, Hikari, Hogan Lovells, Hudson Global, ICON, Huff, Powell, and Bailey, LLC, IMC Press, Imidex, Impact Education, Instrumentation Laboratories, Intercept Pharmaceuticals, Intrinsic Life Sciences, Ischemix Technologies, Janssen, Jannsen, Johnson and Johnson, Jordan, KAI Research, Keryx, Ketchum, Inc, Knowledge Point 360, Kowa, Eli Lilly, LabCorp, Lewis Brisbois, Liberty Dialysis, Ligand, Lipocine, Litchfield Cavo, Luitpold Pharmaceuticals, Lundbeck, Maxaccess Managed Markets, MannKind, MEDACorp, MedEd Group, Medevera, Medical Exchange International, Medical Package, Medicines Company, Medicure Pharma, Inc., MedReviews, Medscape, Medtronic, Merck, Meridian 361 International Law Group, Meso Scale Diagnostics, Miller Tanner Associates, Mitsubishi, Nanomix, Nanosphere, Nabi Biopharmaceuticals, Navigant, NephroGenix, Neumedicines, Noorik GmbH, Norman, Hanson, and Detroy, LLC, Novartis, NovoNordisk, NxStage, Ortho Clinical Diagnostics, Osprey, Otsuka, Overcome, P-value Communications, Parexel, Pharmapprove, Pfizer, Phoenix Holdings, Physicians World, PLC Medical, Praetego, PriMed, Progenabiome, Quidel Corporation, Qualidigm, Quintiles, Reata, Reliant Pharmaceuticals, Renew Research, Relypsa, Repros Therapeutics, Roche Diagnostics, Rock Creek, Saferox, Saghamos Therapeutics, Salix, Sanfit, Sankyo, Sanofi, Sarepta Therapeutics, Scarritt Group, Sentinel Investment, Sloan Law Firm, Sphingotec, Spectracell, St. Jude Medical, Strataca Systems, Statprobe, Sunshine Heart, Synageva, Takeda, Tasly, TheHill, Thrasos, TrialSiteNews, Trinity, Triptych Health Partners, US Medical Management, Vasomedical, Verrow, Vindico, Visiting Physicians Association, Vitalmetrix, Vivus, Watermark, WebMD, ZS Pharma, Inc.

VAERS COVID vaccine Data

Reports from the Vaccine Adverse Events Reporting System.
Our data reflects all VAERS data including the "nondomestic" reports.
[read the VAERS disclaimer](#)

595,620 Reports
through August 13, 2021*

[jump to browse highlighted reports](#) ▾



* VAERS HHS releases COVID Data weekly, but they release LAST WEEK'S data. So an update will always lag a week behind.

Case:

05-21-00687-CV

Date Filed:

08/11/2021

Case Type:

Mandamus

Style:

In Re: Greg Abbott, In His Official Capacity As Governor of The State of Texas

v.:**Orig Proc:**

Yes

Transfer From:**Transfer In:****Transfer Case:****Transfer To:****Transfer Out:****Pub Service:**

West Publishing

APPELLATE BRIEFS

Date	Event Type	Description	Document
08/12/2021	Original Proceeding response filed	Real party in interest	[PDF/402 KB] Real Party Response To P [PDF/104 KB] Notice
08/11/2021	Petition for writ of mandamus filed	Relator	[PDF/15.71 MB] Sworn Record [PDF/5.18 MB] Writ Of Mandamus [PDF/104 KB] Notice

CASE EVENTS

Date	Event Type	Disposition	Document
08/13/2021	Memorandum opinion issued	Motion or Writ Denied	[PDF/149 KB] Memorandum Opinion [PDF/85 KB] Notice
08/13/2021	Order entered	Motion or Writ Denied	[PDF/126 KB] Order [PDF/85 KB] Notice
08/13/2021	Reply to response or motion filed		[PDF/21.58 MB] Relator Reply Letter
08/12/2021	Response filed		[PDF/36.88 MB] Real Party Response to P
08/12/2021	Sworn record filed		[PDF/2.69 MB] Real Party Supplementa
08/12/2021	Original Proceeding response filed		[PDF/402 KB] Real Party Response to P [PDF/104 KB] Notice
08/11/2021	Submitted		
08/11/2021	Motion for emergency relief filed		[PDF/779 KB] Emergency Motion for R [PDF/105 KB] Notice
08/11/2021	Petition for writ of mandamus filed		[PDF/15.71 MB] Sworn Record [PDF/5.18 MB] Writ of Mandamus [PDF/104 KB] Notice

CALENDARS

Set Date	Calendar Type	Reason Set
08/13/2021	Case Stored	Case stored

PARTIES

Party	PartyType	Representative
Abbott, Greg	Relator	Lanora Pettit Brent Webster William F. Cole Judd Stone II Charla G. Aldous George Tex Quesada Amy Warr Sean J. McCaffity
Clay Jenkins, County Judge of Dallas County	Real party in interest	Andrew B. Sommerman Caleb Miller Douglas W. Alexander Kirsten M. Castaneda Tiffany Standly Brent Walker

Court

116th Judicial District Court

County

Dallas

Court Judge

Honorable Tonya Parker

Court Case

DC-21-10101

Reporter

Lanetta J. Williams

Punishment

Texas Education Agency

2019-20 Federal Report Card for Texas Public Schools

District Name: CROWLEY ISD

District ID: 220912

Part (i): Description of State Accountability System

(I) the minimum number of students that the State determines are necessary to be included in each of the subgroups of students for use in the accountability system;

(II) the long-term goals and measurements of interim progress for all students and for each of the subgroups of students;

(III) the indicators used to meaningfully differentiate all public schools in the State;

(IV) the State's system for meaningfully differentiating all public schools in the State, including --

(aa) the specific weight of the indicators in such differentiation;

(bb) the methodology by which the State differentiates all such schools;

(cc) the methodology by which the State differentiates a school as consistently underperforming for any subgroup of students; and

(dd) the methodology by which the State identifies a school for comprehensive support and improvement;

(V) the number and names of all public schools in the State identified by the State for comprehensive support and improvement or implementing targeted support and improvement plans;

(VI) the exit criteria established by the State, including the length of years established.

On March 27, 2020, the U.S. Department of Education (USDE) waived statewide assessment, accountability and certain reporting requirements in the Elementary and Secondary Education Act (ESEA) for the 2019-20 school year due to widespread school closures related to the novel Coronavirus disease (COVID-19). The waiver includes the report card provisions in section 1111(h)(1)(C)(i) (accountability system description).

Campuses Identified for Support under the Every Student Succeeds Act (ESSA) for the 2020-21 school year: [Comprehensive Support and Improvement Schools](#), [Targeted Support and Improvement Schools](#) and [Additional Targeted Support Schools](#).

Part (ii): Student Achievement by Proficiency Level

This section provides information on student achievement on the STAAR (State of Texas Assessments of Academic Readiness) performance for mathematics, reading/ELA, and science by grade level and proficiency level for the 2019-20 school year. These results include all students tested, regardless of whether they were in the accountability subset. (CWD: children with disability; CWOD: children without disability; EL: English learner)

Due to the impact of COVID-19, the USDE waived reporting requirements in Section 1111(h)(1)(C)(ii) (assessment results) for the 2019-20 school year.

Part (iii): Academic Growth and Graduation Rate

Part (iii)(I): Academic Growth

This section provides information on students' academic growth for mathematics and reading/ELA for public elementary schools and secondary schools which don't have a graduation rate, for the 2019-20 school year. These results include all students tested, regardless of whether they were in the accountability subset. (CWD: children with disability; CWOD: children without disability; EL: English learner)

Due to the impact of COVID-19, the USDE waived reporting requirements in Section 1111(h)(1)(C)(iii)(I) (other academic indicator results) for the 2019-20 school year.

Part (iii)(II): Graduation Rate

This section provides information on high school graduation rates for the class of 2019.

	All Students	African American	Hispanic	White	American Indian	Asian	Pacific Islander	Two or More Races	Econ Disadv	CWD	EL [^]	Homeless [^]	Foster Care [^]
Federal Graduation Rates													
4-year Longitudinal Cohort Graduation Rate (Gr 9-12): Class of 2019													
All Students	91.9%	93.0%	88.0%	94.5%	100.0%	96.1%	*	96.4%	90.2%	83.5%	86.3%	80.8%	100.0%

	All Students	African American	Hispanic	White	American Indian	Asian	Pacific Islander	Two or More Races	Econ Disadv	CWD	EL ^	Homeless ^	Foster Care ^
CWD	83.5%	87.0%	76.2%	88.5%	*	*	*	*	86.9%	83.5%	80.0%	100.0%	*
CWOD	92.7%	93.5%	88.8%	95.5%	100.0%	98.0%	*	95.8%	90.5%	-	86.9%	76.2%	*
EL ^	86.3%	80.0%	83.8%	100.0%	-	91.7%	*	*	84.7%	80.0%	86.3%	*	-
Male	90.6%	90.7%	86.7%	93.4%	100.0%	100.0%	*	100.0%	89.4%	86.1%	81.3%	80.0%	*
Female	93.2%	95.3%	89.3%	95.6%	100.0%	93.1%	*	93.3%	90.8%	77.4%	89.9%	81.3%	*

** Indicates results are masked due to small numbers to protect student confidentiality.

'-' Indicates there are no students in the group.

^ Ever in grades 9-12

Part (iv): English Language Proficiency

This section provides information on the number and percentage of English learners achieving English language proficiency based on the 2020 TELPAS (Texas English Language Proficiency Assessment System) data.(EL: English learner)

Due to the impact of COVID-19, the USDE waived reporting requirements in Section 1111(h)(1)(C)(iv) (English language proficiency results) for the 2019-20 school year.

Part (v): School Quality or Student Success (SQSS)

This section provides information on the other indicator of school quality or student success, which is college, career and military readiness (CCMR) for high schools and average performance rate of the three STAAR performance levels of all students, regardless of whether they were in the accountability subset, for elementary and secondary schools without a graduation rate. (CWD: children with disability; EL: English learner)

Due to the impact of COVID-19, the USDE waived reporting requirements in Section 1111(h)(1)(C)(v) (school quality or student success indicator results) for the 2019-20 school year for elementary schools and secondary schools without a graduation rate. For secondary schools with CCMR (college, career, and military readiness) data, the results are reported.

	All Students	African American	Hispanic	White	American Indian	Asian	Pacific Islander	Two or More Races	Econ Disadv	CWD	EL
School Quality (College, Career, and Military Readiness Performance)											
%Students meeting CCMR	68%	63%	70%	76%	77%	87%	10%	69%	64%	41%	51%

** Indicates results are masked due to small numbers to protect student confidentiality.

'-' Indicates there are no students in the group.

Part (vi): Goal Meeting Status

This section provides information on the progress of all students and each student group toward meeting the long-term goals or interim objectives on STAAR academic performance, federal graduation rate, and English learners' language proficiency. (CWD: children with disability; EL: English learner)

Due to the impact of COVID-19, the USDE waived reporting requirements in Section 1111(h)(1)(C)(vi) (progress toward meeting long-term goals and measurements of interim progress) for the 2019-20 school year.

Part (vii): STAAR Participation

This section provides the percentage of students assessed and not assessed on STAAR for mathematics, reading/ELA, and science. (CWD: children with disability; CWOD: children without disability; EL: English learner)

Due to the impact of COVID-19, the USDE waived reporting requirements in Section 1111(h)(1)(C)(vii) (percentage of students assessed and not assessed) for the 2019-20 school year.

Part (viii): Civil Rights Data

Part (viii)(I) This section provides information from the 2017-18 Civil Right Data Collection (CRDC) surveys, submitted by school districts to the Office for Civil Rights on measures of school quality, climate, and safety, including counts of in-school suspensions, out-of-school suspensions, expulsions, school related arrests, referrals to law enforcement, chronic absenteeism (including both excused and unexcused absences), incidences of violence, including bullying and harassment. (EL: English learner)

		Total students	African American	Hispanic	White	Indian or Alaska Native	Asian	Pacific Islander	Two or More Races	Students with EL Disabilities	Students with Disabilities (Section 504)
Students Without Disabilities											
In-School Suspensions											
	Male	1,212	789	226	118	1	10	3	65	86	
	Female	646	459	111	48	1	5	2	20	44	
	Total	1,858	1,248	337	166	2	15	5	85	130	
Out-of-School Suspensions											
	Male	651	430	123	56	3	4	0	35	34	
	Female	325	259	49	9	0	2	1	5	9	
	Total	976	689	172	65	3	6	1	40	43	
Expulsions											
With Educational Services	Male	137	90	33	10	0	0	0	4	13	
	Female	85	67	15	1	0	1	0	1	0	
	Total	222	157	48	11	0	1	0	5	13	
Without Educational Services	Male	1	1	0	0	0	0	0	0	0	
	Female	0	0	0	0	0	0	0	0	0	
	Total	1	1	0	0	0	0	0	0	0	
Under Zero Tolerance Policies	Male	0	0	0	0	0	0	0	0	0	
	Female	0	0	0	0	0	0	0	0	0	
	Total	0	0	0	0	0	0	0	0	0	
School-Related Arrests											
	Male	0	0	0	0	0	0	0	0	0	
	Female	0	0	0	0	0	0	0	0	0	
	Total	0	0	0	0	0	0	0	0	0	
Referrals to Law Enforcement											
	Male	0	0	0	0	0	0	0	0	0	
	Female	0	0	0	0	0	0	0	0	0	
	Total	0	0	0	0	0	0	0	0	0	
Students With Disabilities											
In-School Suspensions											
	Male	324	201	66	42	0	2	0	13	18	157
	Female	95	69	13	9	0	1	0	3	1	49
	Total	419	270	79	51	0	3	0	16	19	206
Out-of-School Suspensions											
	Male	235	149	46	26	1	3	0	10	6	118
	Female	79	56	9	11	0	1	0	2	2	28
	Total	314	205	55	37	1	4	0	12	8	146
Expulsions											
With Educational Services	Male	50	35	7	6	0	0	0	2	1	22
	Female	16	12	1	3	0	0	0	0	0	7
	Total	66	47	8	9	0	0	0	2	1	29
Without Educational Services	Male	0	0	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0	0	0
Under Zero Tolerance Policies	Male	0	0	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0	0	0

		Total students	African American	Hispanic	White	Indian or Alaska Native	Asian	Pacific Islander	Two or More Races	Students with EL Disabilities	Students with Disabilities (Section 504)
School-Related Arrests											
	Male	0	0	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0	0	0
Referrals to Law Enforcement											
	Male	0	0	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0	0	0
All Students											
Chronic Absenteeism											
	Male	1,234	599	364	192	5	13	4	57	104	228
	Female	1,104	520	316	185	10	16	5	52	89	
	Total	2,338	1,119	680	377	15	29	9	109	193	349

	Total
Incidents of Violence	
Incidents of rape or attempted rape	0
Incidents of sexual assault (other than rape)	0
Incidents of robbery with a weapon	0
Incidents of robbery with a firearm or explosive device	0
Incidents of robbery without a weapon	0
Incidents of physical attack or fight with a weapon	14
Incidents of physical attack or fight with a firearm or explosive device	3
Incidents of physical attack or fight without a weapon	328
Incidents of threats of physical attack with a weapon	0
Incidents of threats of physical attack with a firearm or explosive device	0
Incidents of threats of physical attack without a weapon	109
Incidents of possession of a firearm or explosive device	1
Allegations of Harassment or bullying	
On the basis of sex	13
On the basis of race	1
On the basis of disability	1
On the basis of sexual orientation	16
On the basis of religion	2

Part (viii)(II) This section provides information from the 2017-18 Civil Right Data Collection (CRDC) surveys, submitted by school districts to the Office for Civil Rights, on the number of students enrolled in preschool programs and accelerated coursework to earn postsecondary credit while still in high school.

	Total students	African American	Hispanic	White	Indian or Alaska Native	Asian	Pacific Islander	Two or More Races	Students with EL Disabilities	Students with Disabilities
Preschool Programs										
Male	231	82	100	30	0	13	0	6	76	9
Female	229	79	98	22	2	20	0	8	84	5
Total	460	161	198	52	2	33	0	14	160	14
Accelerated Coursework										
Advanced Placement										
Male	453	134	143	113	2	45	1	15	21	4
Female	599	228	181	116	8	52	1	13	32	2
Total	1,052	362	324	229	10	97	2	28	53	6
International Baccalaureate Courses										
Male	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-
Dual Enrollment/Dual Credit Programs										
Male	77	13	25	24	1	11	1	2	2	0
Female	122	34	33	32	3	14	0	6	3	0

	Total students	African American	Hispanic	White	Indian or Alaska Native	Asian	Pacific Islander	Two or More Races	EL	Students with Disabilities
Total	199	47	58	56	4	25	1	8	5	0

- '-' Indicates there are no data available in the group.
 '-3' Indicates skip logic failure.
 '-8' Indicates EDFacts missing data.
 '-9' Indicates not applicable / skipped.
 '-11' Indicates suppressed data.
 Blank cell indicates the student group is not applicable to this report.

Part (ix): Teacher Quality Data

This section provides information on the professional qualifications of teachers, including information disaggregated by high- and low-poverty schools on the number and percentage of (I) inexperienced teacher, principals, and other school leaders; (II) teachers teaching with emergency or provisional credentials; and (III) teachers who are not teaching in the subject or field for which the teacher is certified or licensed.

	All School		High-Poverty Schools		Low-Poverty Schools	
	Number	Percent	Number	Percent	Number	Percent
Inexperienced Teachers, Principals, and Other School Leaders	140.9	11.9%				
Teachers Teaching with Emergency or Provisional Credentials	53.8	4.8%				
Teacher Who Are Not Teaching in the Subject or Field for Which the Teacher is Certified or Licensed	69.4	6.2%				

- '-' Indicates there are no data available in the group.
 Blank cell indicates data are not applicable to this report.

Part (x): Per-Pupil Expenditure

This section provides information on the per-pupil expenditures of federal, state, and local funds, including actual personnel expenditures and actual non-personnel expenditures, disaggregated by source of funds, for each school district and campus for the 2019-20 fiscal year.

To be updated by June 30th, 2021.

Part (xi): STAAR Alternate 2 Participation

This section provides information on the number and percentage of students with the most significant cognitive disabilities who take STAAR Alternate 2, by grade and subject for the 2019-20 school year.

Due to the impact of COVID-19, the USDE waived reporting requirements in Section 1111(h)(1)(C)(xi) (number and percentage of students with the most significant cognitive disabilities taking an alternate assessment) for the 2019-20 school year.

Part (xii): Statewide National Assessment of Educational Progress (NAEP)

This section provides results on the state academic assessments in reading and mathematics in grades 4 and 8 of the 2019 National Assessment of Educational Progress, compared to the national average of such results.

State Level: 2019 Percentages at NAEP Achievement Levels

Grade	Subject	Student Group	% Below Basic		% At or Above Basic		% At or Above Proficient		% At Advanced	
			TX	US	TX	US	TX	US	TX	US
Grade 4	Reading	Overall	39	34	61	66	30	35	7	9

Grade	Subject	Student Group	% Below Basic		% At or Above Basic		% Proficient		% At Advanced	
			TX	US	TX	US	TX	US	TX	US
		Black	52	52	48	48	16	18	2	3
		Hispanic	48	45	52	55	21	23	3	4
		White	22	23	78	77	48	45	12	12
		American Indian	*	50	*	50	*	19	*	3
		Asian	11	18	89	82	65	57	25	22
		Pacific Islander	*	42	*	58	*	25	*	4
		Two or More Races	26	28	74	72	38	40	6	11
		Econ Disadv	50	47	50	53	19	21	3	3
		Students with Disabilities	79	73	21	27	8	10	1	2
		English Language Learners	61	65	39	35	12	10	2	1
	Mathematics	Overall	16	19	84	81	44	41	9	9
		Black	24	35	76	65	32	20	3	2
		Hispanic	19	27	81	73	35	28	4	3
		White	8	11	92	89	59	52	16	12
		American Indian	*	33	*	67	*	24	*	4
		Asian	4	7	96	93	82	69	45	28
		Pacific Islander	*	36	*	64	*	28	*	6
		Two or More Races	9	16	91	84	51	44	9	10
		Econ Disadv	21	29	79	71	32	26	3	3
		Students with Disabilities	55	54	45	46	13	14	1	2
		English Language Learners	24	41	76	59	29	16	2	1
Grade 8	Reading	Overall	33	27	67	73	25	34	2	4
		Black	53	46	47	54	41	15	n/a	1
		Hispanic	38	37	62	63	19	22	1	2
		White	20	18	80	82	35	42	3	5
		American Indian	*	41	*	59	*	19	*	1
		Asian	8	13	92	87	59	57	11	13
		Pacific Islander	*	37	*	63	*	25	*	2
		Two or More Races	26	24	74	76	25	37	1	5
		Econ Disadv	43	40	57	60	15	20	n/a	1
		Students with Disabilities	81	68	19	32	3	7	n/a	n/a
		English Language Learners	66	72	34	28	4	4	n/a	n/a
	Mathematics	Overall	32	31	68	69	30	34	7	10
		Black	48	53	52	47	16	14	2	2
		Hispanic	37	43	63	57	21	20	3	4
		White	20	20	80	80	44	44	13	13
		American Indian	*	49	*	51	*	15	*	3
		Asian	10	12	90	88	71	64	36	33
		Pacific Islander	*	45	*	55	*	21	*	4
		Two or More Races	25	27	75	73	41	38	11	12
		Econ Disadv	41	46	59	54	19	18	2	3
		Students with Disabilities	73	73	27	27	5	6	1	2
		English Language Learners	60	72	40	28	8	5	1	1

State Level: 2019 NAEP Participation Rates for Students with Disabilities and Limited English Proficient Students

Grade	Subject	Student Group	Rate
Grade 4	Reading	Students with Disabilities	77%
		English Learners	94%
	Mathematics	Students with Disabilities	79%
Grade 8	Reading	English Learners	97%
		Students with Disabilities	83%
	Mathematics	English Learners	96%
		Students with Disabilities	88%
		English Learners	97%

Grade Subject Student Group Rate

** Indicates reporting standards not met.
'n/a' Indicates data reporting is not applicable for this group.

Part (xiii): Cohort Rate of Graduates Enrolled in Postsecondary Education

This section provides information on the cohort rate at which students who graduated from high school in the 2017-18 school year enrolled in a Texas public postsecondary education institution in the 2018-19 academic year. (CWD: children with disability; EL: English learner)

	All Students	African American	Hispanic	White	American Indian	Asian	Pacific Islander	Two or More Races	Econ Disadv	CWD	EL
In-State Public Institutions	46%	45%	46%	46%	*	63%	*	52%	44%	30%	32%

** Indicates results are masked due to small numbers to protect student confidentiality.

'-' Indicates there are no students in the group.

Texas Education Agency | Governance and Accountability |
Performance Reporting

December 2020

Cause No. _____

PARENTS FOR	§	IN THE DISTRICT COURT
CROWLEY EDUCATION,	§	
Devyn Claybourn, Daniel Olivas,	§	
Italia De La Cruz, Mysti Shain,	§	
Sara Anderson,	§	
<i>Plaintiffs,</i>	§	
	§	
v.	§	__ JUDICIAL DISTRICT
	§	
CROWLEY INDEP'T SCHOOL DIST.,	§	
Michael D. McFarland, Mia Hall,	§	
Gary Grassia, Nedra Robinson,	§	
Ryan Ray, June W. Davis,	§	
La Tonya Woodson-Mayfield,	§	
<i>Defendants.</i>	§	TARRANT COUNTY, TEXAS

TEMPORARY RESTRAINING ORDER

The Court heard the Plaintiffs' application for temporary restraining order, ex parte, contained within the *Plaintiffs' Application For Temporary Restraining Order* ("Application"). The Court GRANTS the Application as follows.

The Court FINDS that the current face-covering rule, as described by Plaintiffs and threatened by Defendants, was made without authority and is actually an illegal act under Gov. Abbott's Executive Order GA-38.

The Court further FINDS that the face-covering rule is an apparent violation of the Texas Open Meetings Act, which provides for injunctive relief to stop decisions made without proper deliberation or authority, as the face-covering rule constitutes a policy decision made without a vote or notice on any agenda.

The Court FINDS that, unless enjoined, Plaintiffs are suffering irreparable harm now, and will continue to face irreparable harm, including significant and irreparable damage to their right to a healthful environment while they receive a free and appropriate public education free of illegal activity sanctioned by the Crowley School District, which Gov. Abbott's Executive Order GA-38 specifically prohibits.

Additionally, the Court FINDS that immediate injunctive intervention is appropriate to prevent further harm and preserve the status quo before the Court can hear and consider the Plaintiffs' application for a temporary injunction.

The Court also recognizes that the Texas Supreme Court has stated its view of what the status quo is in disputes between local governments and the Governor over face coverings, including *In re Greg Abbott*, No. 21-0720 (Tex. Aug. 26, 2021), (order); *In re Greg Abbott*, No. 21-0686 (Tex. Aug. 15, 2021) (order); *In re Greg Abbott*, No. 21-0687 (Tex. Aug. 15, 2021) (order), where the Court has taught:

As we previously held in staying the trial court's temporary restraining order in the underlying case, the court of appeals' order alters the status quo preceding this controversy, and its effect is therefore stayed pending that court's decision on the merits of the appeal. *See In re Newton*, 146 S.W.3d 648, 651 (Tex. 2004) [(orig. proceeding)]. This case, and others like it, are not about whether people should wear masks or whether the government should make them do it. Rather, these cases ask courts to determine which government officials have the legal authority to decide what the

government's position on such questions will be. The status quo, for many months, has been gubernatorial oversight of such decisions at both the state and local levels. That status quo should remain in place while the court of appeals, and potentially this Court, examine the parties' merits arguments to determine whether plaintiffs have demonstrated a probable right to the relief sought.

Greg Abbott, No. 21-0720.

NOW, THEREFORE, good cause appearing, the Court GRANTS the application, and ORDERS Crowley Independent School District ("Defendant") and its agents to cease enforcement actions of the face-covering rule, described in the Application, for fourteen (14) days pending an evidentiary hearing on Plaintiffs' Application for temporary injunction, as follows:

Defendants shall not deny any student or parent access to Dallas Independent School District or Richardson Independent School District facilities based on a face covering, nor act in derogation of any right enjoyed by a person wearing a face covering, nor shall any unmasked student be segregated or treated in any manner differently from masked students.

This temporary restraining order is granted on the condition that an undertaking, executed by the Plaintiffs and an appropriate surety in the sum of \$100.00 be filed to make good such damages as may be occasioned by the Defendants, not to exceed said sums as may be suffered by a Defendant who is found to be wrongfully restrained.

Filing of the bond herewith required is noted by this court as having occurred by the time of issuance of this order on the same day.

The Plaintiffs' motion on the application for a preliminary injunction is hereby set to be heard before the Court at _____, on _____, at _____ o'clock. This temporary restraining order shall continue in force for fourteen (14) days from the date it takes effect.

IT IS HEREBY ORDERED that the trial on the action on the merits will advanced and consolidated with the hearing on the application for preliminary injunction.

Dated: _____

Judge Presiding

IN THE SUPREME COURT OF TEXAS

No. 21-0720

IN RE GREG ABBOTT, IN HIS OFFICIAL CAPACITY AS GOVERNOR OF THE
STATE OF TEXAS

ON PETITION FOR WRIT OF MANDAMUS

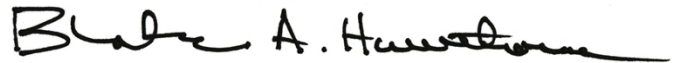
ORDERED:

1. Relator's emergency motion for temporary relief, filed August 23, 2021, is granted. The order on Appellees' Rule 29.3 Emergency Motion for Temporary Order to Maintain Temporary Injunction in Effect Pending Disposition of Interlocutory Appeal, filed August 17, 2021, in Cause No. 04-21-00342-CV, styled *Greg Abbott, in his official capacity as Governor of Texas v. City of San Antonio and County of Bexar*, in the Court of Appeals for the Fourth Judicial District, dated August 19, 2021, is stayed pending further order of this Court.

2. As we previously held in staying the trial court's temporary restraining order in the underlying case, the court of appeals' order alters the status quo preceding this controversy, and its effect is therefore stayed pending that court's decision on the merits of the appeal. *See In re Newton*, 146 S.W.3d 648, 651 (Tex. 2004). This case, and others like it, are not about whether people should wear masks or whether the government should make them do it. Rather, these cases ask courts to determine which government officials have the legal authority to decide what the government's position on such questions will be. The status quo, for many months, has been gubernatorial oversight of such decisions at both the state and local levels. That status quo should remain in place while the court of appeals, and potentially this Court, examine the parties' merits arguments to determine whether plaintiffs have demonstrated a probable right to the relief sought.

3. The petition for writ of mandamus remains pending before this Court.

Done at the City of Austin, this Thursday, August 26, 2021.

A handwritten signature in black ink, appearing to read "Blake A. Hawthorne". The signature is fluid and cursive, with a long horizontal stroke at the end.

BLAKE A. HAWTHORNE, CLERK
SUPREME COURT OF TEXAS

BY CLAUDIA JENKS, CHIEF DEPUTY CLERK

Public Health Guidance

September 17, 2021

The guidance in this document is authorized by Executive Order GA-38, which has the effect of state law under Section 418.012 of the Texas Government Code. Executive Order GA-38 provides TEA with the legal authority to publish requirements for the operation of public school systems during the COVID-19 pandemic. This document takes effect immediately, replacing all prior guidance. TEA recommends that public school systems consult with their local public health authorities and local legal counsel before making final decisions regarding the implementation of this guidance. This guidance is subject to change as new information becomes available.

This guidance addresses:

- On-campus instruction
- Non-UIL extracurricular sports and activities
- Any other activities that students must complete

For guidance on matters related to school system staff, please refer [here](#). Additionally, as a reference for practices recommended by the CDC, see [here](#).

Required Actions if Individuals with Test-Confirmed Cases Have Been in a School

1. If an individual who has been in a school is test-confirmed to have COVID-19, the school must notify its [local health department](#), in accordance with applicable federal, state and local laws and regulations, including confidentiality requirements of the [Americans with Disabilities Act \(ADA\)](#) and Family Educational Rights and Privacy Act (FERPA).
2. Upon receipt of information that any teacher, staff member, student, or visitor at a school is test-confirmed to have COVID-19, the school must submit a report to the Texas Department of State Health Services via an online form. The report must be submitted each Monday for the prior seven days (Monday-Sunday).
3. Consistent with school notification requirements for other communicable diseases, and consistent with legal confidentiality requirements, schools must notify all teachers, staff, and families of all students in a classroom or extracurricular or after-school program cohort if a test-confirmed COVID-19 case is identified among students, teachers or staff who participated in those classrooms or cohorts.

Masks (restatement of pre-August 19th guidance document)

Per GA-38, school systems cannot require students or staff to wear a mask. GA-38 addresses government-mandated face coverings in response to the COVID-19 pandemic. Other authority to require protective equipment, including masks, in an employment setting is not necessarily affected by GA-38.

School systems must allow individuals to wear a mask if they choose to do so.

Students Who Have COVID-19

As provided in this [Department of State Health Services \(DSHS\) Rule](#), school systems must

exclude students from attending school in person who are actively sick with COVID-19, who are suspected of being actively sick with COVID-19, or who have received a positive test result for COVID-19, and must immediately notify parents if this is determined while on campus.

Parents must ensure they do not send a child to school on campus if the child has COVID-19 symptoms or is test-confirmed with COVID-19, until the conditions for re-entry are met. See the [DSHS rule](#) for more details, including the conditions for ending the exclusion period and returning to school.

During the exclusion period, the school system may deliver remote instruction consistent with the practice of remote conferencing outlined in the proposed *Student Attendance Accounting Handbook* (SAAH) rules, as described [here](#).

To help mitigate the risk of asymptomatic individuals being on campuses, school systems may provide and/or conduct recurring COVID-19 testing using rapid tests provided by the state or other sources. Testing can be conducted with staff. With prior written permission of parents, testing can be conducted with students.

Students Who Are Close Contacts

As a reference, close contact determinations are generally based on guidance [outlined by the CDC](#), which notes that individuals who are fully vaccinated may not need to follow the stay-at-home period.

As noted above, public health authorities will be notified of all positive cases in schools. While school systems are not required to conduct COVID-19 case investigations, local public health entities have authority to investigate cases and are currently engaged in cooperative efforts on that front. Participation by individuals in these investigations remains voluntary. If school systems are made aware that a student is a close contact, the school system must notify the student's parents.

School systems may choose to require household-based close contact students to stay at home during the below stay-at-home period if they are in an area with high or rising COVID case rates. This applies specifically to students who are close contacts because an individual who lives in the same household is COVID-19 positive.

Independent of whether a school system chooses to implement the above requirement, parents of students who are determined to be close contacts of an individual with COVID-19 may opt to keep their students at home during the recommended stay-at-home period. In cases when it is permitted, parents who opt to send their children to school in the two weeks following exposure are encouraged to closely monitor their children for symptoms.

For individuals who are determined to be close contacts, a 14-day stay-at-home period was previously advised by the CDC based on the incubation period of the virus. CDC has since updated their guidance, and the stay-at-home period can end for students experiencing no symptoms on Day 10 after close contact exposure, if no subsequent COVID-19 testing is performed.

Alternately, students can end the stay-at-home period if they receive a negative result from a PCR acute infection test after the close contact exposure ends.

During the stay-at-home period, the school system may deliver remote instruction consistent with the practice of remote conferencing outlined in the proposed *Student Attendance Accounting Handbook* (SAAH) rules, as described here.

Staff Who Have COVID-19 or Who are Close Contacts

Similar to students, school systems must exclude staff from attending school in person who are actively sick with COVID-19, who are suspected of being actively sick with COVID-19, or who have received a positive test result for COVID-19. Staff may return when the re-entry conditions have been met, as described in the [DSHS rule](#) used for students.

For staff who are not fully vaccinated who meet the close contact threshold with a COVID-19 positive individual, it is recommended that the school system require that staff remain off campus during the stay-at-home period, but this is a local employment policy decision.

For staff who meet the close contact threshold with a COVID-19 positive individual, if these staff continue to work on campus, rapid testing must be performed periodically for 10 days post-exposure.

DECLARATION
(TEX. CIV. PRAC. & REM. CODE § 132.001)

My name is Italia De La Cruz; my birthdate is July 11, 1982; and my address is 4249 Summersweet Lane Crowley Texas 76036

I declare under penalty of perjury that the following statements are true and correct.

1. I have a child who attends public school at: Sue Crouch Elementary, in Crowley ISD. One child is in PreK (5 years old), and my other child is in kindergarten (6 years old).
2. I have experience with the way that my school's mask policy has been enforced, by including masks as part of the uniform without notifying parents.
3. The above-described policy or action is damaging to me and my child because: We were not given the opportunity to vote on it. We couldn't practice our rights as parents, we as parents weren't given the choice whether to mask our children or not.

By signing this declaration, I am giving permission for it to be used in litigation concerning masks in any Texas case.

Executed in Tarrant County, State of Texas on September 8th, 2021.

signed: 

printed name: Italia De La Cruz

DECLARATION


(TEX. CIV. PRAC. & REM. CODE § 132.001)

My name is Devyn Claybourn; my birthdate is February 16, 1991 ; and my address is 4850 Countryside Ct W. Fort Worth, TX 76132.

I declare under penalty of perjury that the following statements are true and correct.

1. I have a child who attends public school at: Oakmont Elementary School, in Crowley Independent School District. My daughter is 5 years of age. (MC)
2. I have experience with the way that my school's mask policy was enforced in the past, including: CrowleyISD is mandating masks as part of their dresscode as a loophole.
3. The above-described policy or action is damaging to me and my child because: MC was very excited for school, and her spirit changed after her first day. She cried everyday while making dinner claiming she was scared to go. Her school performance was taken because of this district's decision when it should be my decision, by placing fear in my innocent child. kindergarten looked different. She told me she tried on her friend's mask. It's not healthy. And she asked me if she was sick, so this is a form of munchausen by proxy.
4. My child's school is requiring face coverings of students although there is no specification for the face covering. My Kids My Choice .

Executed in Tarrant County, State of Texas on August 20, 2021.

signed:  _____